

Division of Taxation
120 SE 10th Ave
PO Box 3506
Topeka, KS 66625-3506
Mark A. Burghart, Secretary



Phone: 785-368-8222
Fax: 785-296-4993
www.ksrevenue.org
Laura Kelly, Governor

TO: Kansas Licensed Wholesale Cigarette Dealers
SUBJECT: Renewal of Cigarette License

All Cigarette Licenses expire on December 31ST. The renewal application for 2020-2021 is enclosed. Please complete the application and remit the required fee of \$50.00 for each license or permit. Mail the application and fee to Cigarette Tobacco, Customer Relations, PO Box 750680, Topeka, KS 66625-0680. Make your check payable to KOOR. Please indicate in the memo or description portion of your check, "Cigarette Renewal." If your application is received after December 31, 2019, you will be assessed a penalty of 100% of the license fee.

Your license will not be issued if you have an outstanding invoice over 30 days or have a non-filed monthly report.

The monthly dealers report forms are available for download at <http://ksrevenue.org/bustaxtypescig.html>

We continue to process cigarette stamp orders via email. You may send your stamp orders to kdor_cigtob@ks.gov, if you carry a credit bond. If you do not receive a confirmation of your order within three hours, please call 785-368-8222. Orders received after 9:00 a.m. will be sent out the following business day.

The monthly cigarette report forms are available for download at <http://ksrevenue.org/bustaxtypescig.html>. Forms will continue to be mailed to you at your request. No cigarette stamp orders will be sent to licensees that do not have a complete and accurate monthly report filed. An incorrect or incomplete monthly report will be returned to you for completion.

Reminders:

- Check our website at <http://ksrevenue.org/bustaxtypescig.html> for a current list of all licensed retailers. If you sell to an unlicensed retailer, you are subject to a fine, suspension or revocation of your wholesale license.
- Check the Attorney General's website at <http://ag.ks.gov/tobacco> for updated Master Settlement Agreement listings

If you have any questions or need additional assistance, please contact our office at 785-368-8222, choose option 5 followed by option 4, then option 1, from 8 a.m. to 4:45 p.m., Monday through Friday, and email us at: kdor_cigtob@ks.gov, or if needing forms visit our website at: <http://www.ksrevenue.org/bustaxtypescig.html>

WHOLESALE CIGARETTE DEALER'S RENEWAL APPLICATION FOR 2020 - 2021

Application Fee: \$ 50.00
 Late Fee: \$ _____
 Total Enclosed: \$ _____

Current License #: _____ Kansas Sales Tax #: _____

Business Name: _____ FEIN / SSN #: _____

Mailing Address, City, State, Zip: _____

Business Phone #: _____ Ownership Type: _____
(Individual, Corporation, LLC, Partnership)

Email Address: _____

DBA Name: _____

Location Address, City, County, State, Zip: _____

Please identify Owner, Officers, and Partners below, including percent of ownership (must add up to 100%). (Add additional sheets as necessary.)

Name	Title	Home Address	SSN	%

I certify under penalty of perjury under the laws of the State of Kansas that I will comply fully with the stamping agent requirements of K.S.A. 50-6a01, *et seq.*

If you are no longer selling tobacco, please provide the date you stopped selling, sign below and return the entire sheet(s) to the address above.

Date stopped selling tobacco: _____
(If applicable, enter date and submit all pages to the address below.)

Today's Date

Printed Name of Officer

Title of Officer

Signature of Officer

Phone Number of Officer

If you are no longer selling cigarettes/e-cigarettes, please provide the date you stopped selling above and sign and return the entire sheet(s) to the address below. Please review the information above for accuracy and make any changes on this form. **Complete all blank lines above.**

Submit this bond and total payment amount to the Cigarette Tobacco, Customer Relations, PO Box 750680, Topeka, KS 66625-0680. Make your check payable to KDOR.

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