

KANSAS DEPARTMENT OF REVENUE  
**TOBACCO PRODUCTS**  
**APPLICATION FOR DISTRIBUTOR'S LICENSES**

**FOR OFFICE USE ONLY**

VAL #: \_\_\_\_\_

License #: \_\_\_\_\_

Year: \_\_\_\_\_

Issue Date: \_\_\_\_\_

FEE:     \$25.00    

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Business Name (Name here must be same as on bond)      Federal Employer ID Number      Business Phone Number

4. \_\_\_\_\_  
 DBA Name

5. \_\_\_\_\_  
 Mailing Address, City, County, State, Zip

6. \_\_\_\_\_  
 Exact Location where Tobacco Products will be distributed: Address, City, County, State, Zip

7. Type of Ownership:     Individual     Partnership     Corporation     Other \_\_\_\_\_

8. If you plan to sell tobacco over the internet, telephone or via mail order, please provide your email or web page address:

\_\_\_\_\_

9. The full and correct name of applicant (if partners, state name and address of each; if corporation, list officers and their full titles. List and attach additional names on a separate sheet.)

Name	Title	Home Address	SSN
a. _____			
Email Address: _____			Percentage of Ownership _____ %
b. _____			
Email Address: _____			Percentage of Ownership _____ %
c. _____			
Email Address: _____			Percentage of Ownership _____ %
d. _____			
Email Address: _____			Percentage of Ownership _____ %

Applicant further states that he will conduct this distributor's tobacco products business in compliance with the Kansas Tobacco Products Tax Law and Regulations.

\_\_\_\_\_  
 Name (print)

\_\_\_\_\_  
 Title (print)

\_\_\_\_\_  
 Signature (owner, partner, or corporate officer)

\_\_\_\_\_  
 Date

**NOTE:** No license will be issued unless application contains complete required information and is properly executed, and supported by a bond accepted by the Director of Taxation.

Sign and submit this application and fee amount to the Kansas Department of Revenue: Cigarette Tobacco, Customer Relations, PO Box 750680, Topeka, KS 66625-0680

If you need any additional copies of the application you can find it at: <http://ksrevenue.org/bustaxtypescig.html> or have any questions, please contact Cigarette Tobacco at 785-368-8222 or email [kdor\\_cigtob@ks.gov](mailto:kdor_cigtob@ks.gov)