

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



Phone: 785-368-8222  
Fax: 785-296-4993  
[www.ksrevenue.org](http://www.ksrevenue.org)  
Laura Kelly, Governor

RE: Renewal of Tobacco Product Distributor's License

Tobacco Product Distributor's Licenses expire on December 31<sup>st</sup>. The renewal application for 2020 is enclosed. Please complete the application and remit the required fee of \$25.00 for each license. Mail the application and fee to Cigarette Tobacco, Customer Relations, PO Box 750680, Topeka, KS 66625-0680. Make your check payable to KDOR. Please indicate in the memo or description portion of your check, "Tobacco Renewal." If your application is received after December 31, 2019, you will be assessed a penalty of 100% of the license fee.

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

Your license will not be issued if there is a balance due or non-filed period(s) on your account.

As per K.S.A. 79-3373, "...A person outside this state who ships or transports tobacco products to retailers in this state, to be sold by those retailers, may make application for license as a distributor, be granted such a license by the director and thereafter be subject to all the provisions of this act and entitled to act as a licensed distributor if the person files with the application proof that the person has appointed the secretary of state as the person's agent for service of process relating to any matter or issue arising under this act." If your company has not already appointed the Secretary of State for service of process, please download Form TB-144 from our website. The cost for filing is \$15.00 payable to the Secretary of State.

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

# TOBACCO PRODUCT DISTRIBUTOR'S RENEWAL APPLICATION 2020

Application Fee: \$ 25.00

Late Fee: \$ \_\_\_\_\_

Total Payment Amount: \$ \_\_\_\_\_

Current License #: \_\_\_\_\_ FEIN / SSN #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address, City, State, Zip: \_\_\_\_\_

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

DBA Name: \_\_\_\_\_

Location Address, City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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	%

The undersigned hereby certifies to be correct to the best of his/her knowledge and belief that all owners, partners, corporate officers and directors are of good moral character and reputation in the community in which they reside and further have not within two years preceding the filing of this application been convicted of any felony or crime involving moral turpitude or any crime involving any law of any state or of the United States pertaining to cigarettes or tobacco products and if so convicted, has completed the sentence, parole, or probation for any such conviction more than two years immediately preceding the date of making application.

Please review the information above for accuracy and make any changes on this form. **Complete all blanks lines above.**

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 below.

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

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

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