482901

KANSAS DEPARTMENT OF REVENUE

APPLICATION FOR CIGARETTE LICENSES

License #:_____
Year:_____
Issue Date:_____

CHECK the box for each license that you are applying for:

☐ Retail Dealer's License	**$25.00 ea.**	☐ Cigarette Vending Machine Permit	**$25.00 ea.**
☐ Show, Carnival, or Catering Cigarette Dealer License	**$50.00 ea.**	☐ Manufacturer Salesman License	**$20.00 ea.**
☐ Vending Machine Distributor or Dealers License	**$50.00 ea.**	☐ Wholesale Salesman ID Card	**$20.00 ea.**
☐ Wholesale Cigarette Dealer's License	**$50.00 ea.**	☐ Temporary Retail Cigarette License	**$ 2.00 ea.**
		☐ Lost License / Change of Location	**$ 2.00 ea.**

Indicate when business will open: _____

PART I — BUSINESS INFORMATION

1. _____ Business Name
2. _____ Federal Employer ID Number
3. _____ Business Phone Number

1a. _____ DBA Name / Salesperson

4. _____ Mailing Address, City, County, State, Zip

5. _____ Exact Location of Business, City, County, State, Zip

6. Type of Ownership: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other:_____

7. Identify Owners, Officers, and Partners (use additional sheet(s) if necessary):

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_____ %

Total Amount Enclosed $_____

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.

Only owner, partner, or listed corporate officer may sign this application.

SIGN HERE _____ Signature of Owner, Partner or Corporate Officer _____ Title _____ Date

For lost license, enclose Form CG-96 Affidavit. For change of location, enclose current license.

CG-109
Rev. 9-11-25

— APPLICATION CONTINUES ON REVERSE SIDE —

PART II — RETAIL DEALER'S LICENSE

Enclose a list of names and addresses of each wholesaler from whom you purchase your cigarettes/e-cigarettes.

Do you make retail sales of motor vehicle fuels or special fuels? ☐ No ☐ Yes If yes, you must also have a Kansas Motor Fuel Retailers License. Complete and submit an application, Form MF-53, for each retail location.

Name of company/corporation with whom you have a fuel supply agreement / retailing agreement and make retail sale of cigarette and tobacco products: (e.g., Shell, BP, Phillips 66, Conoco):_____

PART III — CIGARETTE VENDING MACHINE OPERATOR'S MASTER LICENSE & VENDING MACHINE PERMITS

PLEASE ENCLOSE CG-83 SEPARATE PAGE LISTING ***MACHINE BRAND NAME*** AND ***SERIAL NUMBER*** OF EACH MACHINE.

In addition to the Master License (no fee), a vending machine permit is required for each vending machine in operation. Vending machine permits are $25.00 each for the license period.

Enclose a list of names and addresses of each wholesaler from whom you purchase your cigarettes.

Number of Permits:_____ X $25.00 = $_____

Distributors: Brand(s) of Machine(s):_____

PART IV — WHOLESALE CIGARETTE DEALER'S LICENSE

Each application must be accompanied by a $1,000.00 Wholesale Cigarette Dealer's License Bond. Please complete and return the enclosed bond form CG-106 with this application. Your salesman must also obtain a wholesale salesman ID card. See Part VI.

For additional information on obtaining a Wholesale Cigarette Dealer's Credit Bond please contact this office at the address, email or phone number below.

PART V — SHOW, CARNIVAL, OR CATERING CIGARETTE DEALER'S LICENSE

PLEASE ENCLOSE ***SEPARATE PAGE LISTING FOR ALL LOCATIONS*** WHERE THIS LICENSE IS TO BE USED. (PERTAINING TO SHOW, CARNIVAL, OR CATERING CIGARETTE DEALER'S LICENSE ONLY)

CAUTION: If this license will be used at places other than listed, advance notice of designated temporary locations where cigarettes will be sold must be furnished to the Kansas Department of Revenue.

Enclose a list of names and addresses of each wholesaler from whom you purchase your cigarettes

PART VI — MANUFACTURER SALESMANS CIGARETTE LICENSE OR WHOLESALE SALESMAN ID CARD **(Enclose a separate sheet with a list of names and addresses if more the one salesman)**

Name of Salesperson	Address of Salesperson
Printed Name of Supervisor	Address of Supervisor
X_____ Signature of Supervisor	Phone # of Supervisor

Submit this application and total payment amount to the Kansas Department of Revenue at: Cigarette Tobacco, Customer Relations, PO Box 750680, Topeka, KS 66625-0680. Make your check out to KDOR.

If you have any questions or need additional assistance, please contact our office at 785-368-8222, choose option 5 followed by option 4 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.gov/bustaxtypescig.html**