KANSAS DEPARTMENT OF REVENUE

CIGARETTE VENDING MACHINE LISTING

Name of Company:

Operator License #:_____

Phone #:____

Address, City, State, Zip:

Number of Machines:

	Juless, City, State, Zip				
Machine Brand Name	Machine Serial #	Location DBA Name	Location Address of Machine	County	Current Permit #

Signature of Dealer

Date

Submit this listing with Form CG-73 if you have additional machines to the Kansas Department of Revenue. 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