

RE: Retail Dealer's License Renewals

Retail Dealer's Licenses expire on December 31. If your payment is received after December 31, you will be assessed a penalty of 100% of the license fee. The license fee is \$25 for each license.

You may renew your license online at [www.kdor.ks.gov/Apps/kcsc/login.aspx](http://www.kdor.ks.gov/Apps/kcsc/login.aspx), please see the instructions below. You may also renew your license by mail to Cigarette and Tobacco, PO Box 750680, Topeka, KS 66625-0680. Make your check payable to KDOR. Please indicate in the memo or description portion of your check, "Cigarette Renewal".

The law requires that you furnish your license number to the wholesaler when purchasing cigarettes or e-cigarettes. The invoices must be retained and on file for a period of three years and are subject to inspection and audit.

Retail Dealers must purchase cigarettes from a wholesaler licensed to do business in Kansas. Purchasing cigarettes from another retailer or unlicensed wholesaler is prohibited. A list of current licensed wholesalers can be found on our website at <https://www.kdor.ks.gov/Apps/Misc/Miscellaneous/CigTobDefault>.

**If you have not previously renewed online follow the instructions below:**

**If you are not registered to use the “Customer Service Center”,** click on “Register Now.” After completing the required information, click on “Register” and then “Continue.” Then select “Account Management.”

**If you are already registered to use the “Customer Service Center”,** click on “Log In” and sign in using your User ID and Password. Click on the “Business account” link. Then select “Add an account to this login.”

At this point, you will enter the FEIN (Federal Employers Identification Number) or [SSN (Social Security Number) if you do not have a FEIN] in the “Identification Number” field. Enter your Access Code and select “Continue.” To obtain an “Access Code” contact Cigarette and Tobacco at the phone number below.

To renew your license(s):

1. Select the link for “Your License List.”
2. Select the link for “View/Renew” next to the license you wish to renew.
3. Verify license information, read the statement at the bottom of the screen, and click the “I Agree” box. Then, select “Continue.”
4. Repeat steps 3 and 4 for each license to be renewed. When finished, click “Continue.”
5. To submit and pay for the renewal(s), select the link for “Submit applications and pay fees.” Follow the instructions on the screen.

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](mailto:kdor_cigtob@ks.gov), or if needing forms visit our website at: <http://www.ksrevenue.gov/bustaxtypescig.html>

**RETAIL DEALER'S LICENSE RENEWAL APPLICATION**

Application Fee: \$ 25.00  
 Late Fee: \$ \_\_\_\_\_  
 Total Enclosed: \$ \_\_\_\_\_

Years applying for: \_\_\_\_\_

Current License #: \_\_\_\_\_ Kansas Sales Tax #: \_\_\_\_\_

Business Name: \_\_\_\_\_ FEIN / SSN #: \_\_\_\_\_

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

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

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

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

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

Please identify the names of all wholesalers from whom you receive cigarettes/e-cigarettes. (Add additional sheets as necessary.)

Business Name	Complete Address

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.

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

Date stopped selling cigarettes: \_\_\_\_\_ Today's Date \_\_\_\_\_  
(If applicable, enter date and submit all pages to the address below.)

Printed Name of Officer \_\_\_\_\_ Title of Officer \_\_\_\_\_

Signature of Officer \_\_\_\_\_ Phone Number of Officer \_\_\_\_\_

Please review the information above for accuracy and make any changes on this form. **Complete all blank lines above.**  
 Submit this application and total payment amount to the KDOR Cigarette and 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 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](mailto:kdor_cigtob@ks.gov), or if needing forms visit our website at: <http://www.ksrevenue.org/bustaxtypescig.html>