

KANSAS DEPARTMENT OF REVENUE
**APPLICATION FOR CONSUMABLE MATERIAL TAX
 REGISTRATION**

FOR OFFICE USE ONLY	
REGISTRATION NO.: CM _____	
APPR. _____	ISSUED _____

1. Entity Name and Mailing Address for Notices and Forms: _____

2. Location address from where consumable material will be distributed/manufactured: _____

3. Federal Employer Identification Number (EIN): _____
4. Contact name and phone number (include area code): _____
5. Type of business entity—check one: Sole Proprietorship Partnership LLC Corporation Other _____
 If incorporated, enter the date and state of incorporation: _____
6. Do you plan to sell consumable material over the internet, telephone or via mail order? No Yes If yes, provide your email and/or Web page address: _____

7. Enter the legal name of applicant(s). (If partnership, list each partner. If corporation, list officers and their titles. If LLC, enter each member.) Attach additional names on a separate sheet. Enter the home address, social security number and percentage of ownership for each person entered. Provide email address of each, if available. Percentage of ownership must add up to 100%.

Name	Title	Home Address	Social Security No.
1. _____			
Email Address: _____			Percentage of Ownership _____ %
2. _____			
Email Address: _____			Percentage of Ownership _____ %
3. _____			
Email Address: _____			Percentage of Ownership _____ %
4. _____			
Email Address: _____			Percentage of Ownership _____ %
5. _____			
Email Address: _____			Percentage of Ownership _____ %
6. _____			
Email Address: _____			Percentage of Ownership _____ %
7. _____			
Email Address: _____			Percentage of Ownership _____ %

The above applicant will conduct business in compliance with the Kansas Tax Laws and Regulations.

 Printed Name of Member, Owner, Partner, or Corporate Officer

 Title of Officer

 Signature of Member, Owner, Partner, or Corporate Officer

 Phone Number of Officer

 Today's Date

NOTE: No registration certificate will be issued unless application contains complete, required information and is properly executed. Submit the completed application (EC-1) to Cigarette Tobacco, Customer Relations, PO Box 750680, Topeka, KS 66625-0680
 If you have questions, please contact Cigarette Tobacco at 785-368-8222, option 5, then option 4; or email: kdor_cigtob@ks.gov. If needing additional forms please visit our website at: <http://www.ksrevenue.gov/bustaxtypescig.html>