Division of Taxation
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Kansas
Department of Revenue

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Ryan Wright-Spain, Act. Secretary
Laura Kelly, Governor

RE: Tobacco Product Distributor's License Renewal

In an effort to save time and money, the Kansas Department of Revenue (KDOR) is changing how you receive your Tobacco Product Distributor's license from previous years. Beginning December 1, 2026, you will receive your license via email. **It will no longer be printed on special paper and mailed to you.** You **must** print the license and post it in your establishment in a conspicuous location by January 1, 2027. During the renewal process, please be sure to update the email address that you would like the KDOR to contact you at. Instructions on how to register and renew your license are below. Your new license will also be available to print from your Customer Service Center account after December 1, 2026.

Tobacco Product Distributor'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. Your license will not be issued if there is a balance on your account, there are non-filed periods, or you do not have an active bond. The renewal process will start September 1.

Your account may be reviewed for a possible bond increase. The minimum bond amount required is $1,000. Your bond may be increased to cover your average 3-month tax liability.

You may renew your license online at www.kdor.ks.gov/Apps/kcsc/login.aspx, please see the instructions below.

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 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, option 4 and option 1 from 8 a.m. to 4:45 p.m., Monday through Friday, or email us at: kdor_cigtob@ks.gov, or visit our website at: http://www.ksrevenue.gov/bustaxtypescig.html.

KANSAS DEPARTMENT OF REVENUE 484518

TOBACCO PRODUCT DISTRIBUTOR'S RENEWAL APPLICATION

Application Fee: $ 25.00

Late Fee: $_____

Year applying for: _____ 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 KDOR Cigarette and Tobacco, 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**, or if needing forms visit our website at: **http://www.ksrevenue.gov/bustaxtypescig.html**