

(Please Fill in Year)

Cigarette License Application

Phone - (816) 513-1135
Fax - (816) 513-1221
RD-125, (Rev 09/09)

414 East 12th Street
2nd Floor-West
Kansas City, Missouri 64106-2786

Business Name _____			
Business Location _____			
	Taxable Period	From -----	
Name _____		To -----	
Address _____	Social Security or FEIN No. -----		
_____	Check one -----		SSN [] FEIN []
_____	Account ID -----		
	SIC Code -----		
Missouri Sales Tax No. _____			
All fees are \$1 per location or type of cigarette sales. Enter the number of units of each type of sales below:			
1. Number of locations of Over the Counter Sales (Attach a list of locations if more than one) -----		1.	
2. Number of Salesmen or Owner of Vending Machines or Operator of Vending Machines -----		2.	
3. Number of Vending Machines (Attach a list of locations of vending machines) -----		3.	
4. Wholesaler-----		4.	
5. Amount Due (Total of lines 1, 2, 3 and 4 multiplied by \$1.00)- -----		5.	
6. Amount paid -----MAKE CHECKS PAYABLE TO CITY TREASURER/REVENUE -----		6.	
DO NOT SEND CASH			
Enter the date business closed or discontinued selling cigarettes _____/_____/_____			
Under penalties of perjury, I declare this return to be a true, correct, and complete accounting for the taxable year stated. I authorize the Commissioner of Revenue or delegate to discuss my return and attachments with my preparer. [] Yes [] No			
X _____			
Print Name			Phone
X _____			
Signature of Taxpayer or agent	Title		Date
X _____			
Signature of Preparer	Title		Date

Your current Business License expires December 31. To avoid a penalty on your previous year's license pay before March 1.