

(Please Fill in Year)

CITY OF KANSAS CITY, MISSOURI
FINANCE DEPARTMENT
REVENUE DIVISION

Cigarette License Application

Phone - (816) 513-1135
Fax - (816) 513-1221
RD-125, (Rev 11/07)

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

Business Name _____			
Business Location _____			
Name _____	Taxable Period From -----		
Address _____	To -----		
_____	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 ----- DO NOT SEND CASH		6	
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.