



Cigarette License Application

Neighborhood Services Department
Regulated Industries Division

635 Woodland, Suite 2101
Kansas City, Missouri 64106 (816) 513-4561

Applicant's name _____

DBA business name _____ Phone _____

Business address _____
Street City State ZIP

Applying as a sole owner corporation limited liability company partnership

1. What is the business type? Wholesale Dealer Retail Dealer

2. Will the business be selling cigarettes from vending machines? Yes No **If yes**, how many vending machines? _____

3. Owner's name _____ Mobile phone _____

E-mail address _____ Work phone _____

Name of Designated Agent (or person that can act on owners behalf) _____

E-mail address _____ Mobile phone _____

----- If the business is a **corporation**, complete this section -----

4. Name of corporation _____

State of incorporation _____ Date of incorporation _____

List the names and titles of all corporate officers (attach additional sheet if necessary)

List the names of all stockholders; the number of shares held and percentage of total ownership of the corporation for each stockholder who holds more than 10 percent of the capital stock (attach additional sheet if needed)

----- If the business is a **limited liability company**, complete this section -----

5. Name of limited liability company _____

State of organization _____ Date of organization _____

List the names of all members and percentages of each LLC member's interest (attach additional sheet if needed)

----- If the business is a **partnership**, complete this section -----

6. List names of general and limited partners, and the number of units owned by each (attach additional list if necessary)

I agree to promptly report any changes in the information provided with this application to the director of the Neighborhood and Community Services Department.

I will at all times permit the entry of any officer or investigator who may have legal authority of the purpose of inspection or search, and will permit the removal of all things and articles that may be in violation of the ordinances of the City of Kansas City, Mo., and the laws of the State of Missouri.

I have familiarized myself with the provision of Chapters 20 and 50, code of general ordinances of the City of Kansas City, Mo., and agree to comply with these provisions in the conduct of this business and I will not violate any of the ordinances of the city, the laws of the state or the laws of the United States in the conduct of the business.

I, _____, being of lawful age and duly sworn upon my oath, declare that I have read the application and fully understand same and that I know the contents thereof and the answers and statements contained therein and the same are true.

Applicant's Signature

Date

OFFICE USE ONLY – DO NOT WRITE IN SPACE BELOW

-----**INVESTIGATOR**-----

Date case completed _____

Application recommended for: [] Approval [] Disapproval Date: _____

Reason(s) for recommendation of disapproval of application / license (if any) _____

License recommended for: [] Approval [] Disapproval Date: _____

Regulated Industries Division Investigator

-----**INVESTIGATIONS SUPERVISOR**-----

Application recommended for: [] Approval [] Disapproval Date: _____

License recommended for: [] Approval [] Disapproval Date: _____

Comments: _____

Regulated Industries Division Investigations Supervisor

-----**MANAGER**-----

This application & license is hereby [] Approved [] Disapproved

Comments: _____

Regulated Industries Division Manager

Date