

Customer Relations
Licensee Segment
Kansas Department of Revenue
915 SW Harrison St.
Topeka, KS 66625-2073



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AFFIDAVIT

STATE OF KANSAS)
) SS
COUNTY OF _____)

_____, being first duly sworn, deposes and says:

That he/she has been issued and owns a Kansas Retail Cigarette License Number: _____,
covering affiant's place of business at _____, which
(Street & No., R.F.D., City or Town)
he/she operates under the firm name and style of _____;
(Trade name under which business is operated)

that said licensed has become LOST, STOLEN, OR DESTROYED, the facts with reference thereto being
briefly as follows: _____
(Set out briefly the facts as known with references to loss of license)

and affiant hereby makes application for a new license in lieu of his original license for the unexpired term
of said license. In the event the original license shall be recovered, the affiant agrees to surrender same
forthwith to the Secretary of Revenue, Department of Revenue.

Subscribe and sworn to before me this _____ day of _____, _____.
(Year)

My Commission Expires, _____ (Notary Public)

NOTE: This form of affidavit to be used by a licensed Retail Cigarette Dealer only when license has been
LOST, STOLEN, or DESTROYED. Known facts with reference to the loss of original license must be
set forth in the affidavit and the affidavit shall be accompanied by a fee of \$2.00.