



**STATE OF KANSAS**  
**TOBACCO PRODUCT MANUFACTURER STATEMENTS**  
**FOR PRODUCTS STAMPED IN KANSAS**  
**(K.S.A. 50-6a04)**  
**- NON-PARTICIPATING MANUFACTURER**

Mail this completed form and all attachments to:

Office of the Kansas Attorney General  
Attn: Tobacco Enforcement  
120 S.W. 10th Street, 2nd Floor  
Topeka, Kansas 66612-1597

Kansas Department of Revenue  
Attn: Aubrey Rosenbaum  
Docking State Office Building  
915 SW Harrison Street  
Topeka, Kansas 66625-7719

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This certification is:    Initial    Supplemental    Renewal

Sales Year: \_\_\_\_\_

**I.   MANUFACTURER**

Manufacturer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Street Address: \_\_\_\_\_

(if mailing address is  
different than above) \_\_\_\_\_

*Note: The street address should be the physical location of the Manufacturing Plant.*

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Manufacturer  
Contact Person: \_\_\_\_\_

Name/Title of  
Person Completing  
Certification Form: \_\_\_\_\_

Manufacturer's Federal Taxpayer  
ID Number (If located in U.S.): \_\_\_\_\_

TTB Tobacco Manufacturer  
Permit Number (If located in U.S.): \_\_\_\_\_

Permit Expires: \_\_\_\_\_

Please attach a photograph or diagram of your manufacturing facility and indicate on the photograph or diagram where the equipment and facilities for manufacturing (*i.e.*, fabricating) the tobacco products are located.

Agent for Service  
of Legal Process: \_\_\_\_\_

Agent's Address  
for Certified Mail: \_\_\_\_\_

Agent's  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Agent's  
E-Mail Address: \_\_\_\_\_

**A current (dated this year) original letter from the registered agent accepting this appointment must be attached.**

## **II. ADDITIONAL BUSINESS INFORMATION**

**Attach a copy of the manufacturer's organizational documents.** Such documents may include, but are not limited to, corporate charter, articles of incorporation, state or country certification, and company bylaws.

- Check here if organizational documents have been previously submitted and are unchanged.

**Company Officers & Owners**

List all company officers and company owners (all persons with an equity interest of 10% or more in applicant company) in the table below. Attach additional sheet(s) as needed.

1. **Role/Title:** \_\_\_\_\_

Full Name (First, Middle, Last): \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. **Role/Title:** \_\_\_\_\_

Full Name (First, Middle, Last): \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

3. **Role/Title:** \_\_\_\_\_

Full Name (First, Middle, Last): \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

4. **Role/Title:** \_\_\_\_\_

Full Name (First, Middle, Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **III. ESCROW ACCOUNT INFORMATION**

The manufacturer certifies that it has established and continues to maintain the following qualified escrow account under K.S.A. 50-6a03.

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Escrow Account Number: \_\_\_\_\_

Kansas Sub-Account: \_\_\_\_\_

**Provide an executed copy of the Manufacturer's current Escrow Agreement. Any amendments or attachments to such agreement must also be provided.**

**VI. CIGARETTE BRANDS**

Please list all of the brand names of cigarette products the manufacturer will distribute for sale in Kansas:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*(Attach a list if more space is needed to complete this section)*

- For each of the cigarette brand families, provide a copy of the current Federal Trade Commission (FTC) approval letter for health-warning rotation plan.
- Provide a copy of the current Center for Disease Control (CDC) ingredient listing compliance letter(s) pertaining to the above brands of cigarettes.

**V. ROLL YOUR OWN (“RYO”) / MAKE YOUR OWN (“MYO”) BRANDS**

Please list all of the brand names of cigarette products the manufacturer will distribute for sale in Kansas:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*(Attach a list if more space is needed to complete this section)*

**Provide a sample of the packaging of each brand family.**

- Check here if previously supplied packaging samples have not changed.

**VI. PRIOR MANUFACTURERS OF LISTED BRANDS**

A. If applicable, for each of the brands listed in Sections II or III above, please list the brand name, previous manufacturer, and the date the brand was acquired by the current manufacturer identified in Section I above, for any brand acquired from another manufacturer **prior** to April 25, 2002.

Brand	Previous Manufacturer	Date Acquired
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(Attach a list if more space is need to complete this section)*

B. If applicable, for each of the brands listed in Sections II or III above, please list the brand name, previous manufacturer, and the date the brand was acquired by the current manufacturer identified in Section I above, for any brand acquired from another manufacturer **on or after** April 25, 2002.

Brand	Previous Manufacturer	Date Acquired
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(Attach a list if more space is need to complete this section)*

**VII. TRADEMARK HOLDERS**

Provide the name, address, and phone number of the trademark holders(s) and contact person(s) of each brand listed above. Attach additional sheet(s) as necessary, to provide a complete response.

**Brand:** \_\_\_\_\_

Trademark Holder and Contact Person: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_

**Brand:** \_\_\_\_\_

Trademark Holder and Contact Person: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_

**Brand:** \_\_\_\_\_

Trademark Holder and Contact Person: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_

**Brand:** \_\_\_\_\_

Trademark Holder and Contact Person: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_

**VIII. DISTRIBUTOR AND STAMPING AGENT INFORMATION**

List below the names and contact information of distributors, wholesalers, and/or retailers to which the manufacturer indentified in Part I has sold or intends to sell cigarettes and/or RYO tobacco. Attach additional sheet(s) if necessary.

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_

Brand(s): \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_

Brand(s): \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_

Brand(s): \_\_\_\_\_

\*\* Monthly reports of cigarette and RYO sales, including quantity & sale price, of all product sold in Kansas, by pack and invoice numbers must be submitted to the following address:

Office of the Kansas Attorney General  
Tobacco Enforcement , Attn: Patrick Broxterman  
120 S.W. 10th Street, 2nd Floor  
Topeka, Kansas 66612-1597

**NOTICE:** Failure to submit these reports monthly will be cause for removal from the Kansas NPM Safe Harbor List. K.S.A. 50-6a04(f)(1) and (2).

Tobacco Product Manufacturer Statements for Products Stamped in Kansas (K.S.A. 50-6a04)

**VIII. CERTIFICATION**

The undersigned, being a duly authorized officer or agent of the manufacturer identified in Section I above, do hereby certify under penalty of perjury that:

- 1) The tobacco product manufacturer named in Part I, as of the date of this certification, is a non-participating manufacturer in full compliance with all provisions of K.S.A. 50-6a01 through K.S.A. 50-6a05.
- 2) Regarding the brands listed in Section IV(B), all escrow payments required by K.S.A. 50-6a01 *et seq.* due prior to the "Date Acquired" have been fulfilled by the identified previous manufacturer.
- 3) I have examined this certification, including attachments and supporting documents and, to the best of my knowledge and belief, this certification, including all attachments and supporting documents, is true, correct, and complete.
- 4) I understand that the Attorney General or the Department of Revenue may require additional information and/or documentation to determine if applicant qualifies for listing on the Kansas Directory.
- 5) Further, the manufacturer identified in Section I, its successors and assigns, hereby consents to service of process via Certified Mail to the agent named in Section I herein.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

By:

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Name (Please Type or Print)

\_\_\_\_\_  
Title (Please Type of Print)

Subscribed and sworn to before me on this date:

\_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ City  
or County of \_\_\_\_\_

My Commission expires: \_\_\_\_\_