



MISSOURI DEPARTMENT OF
REVENUE
Cigarette and Other Tobacco Products
Registration Change Request

Effective Date (MM/DD/YYYY)

This form is used to make changes in your registration records. Please print or type.

____ / ____ / ____

Missouri Cigarette and Other Tobacco Products Tax Identification Number 	Business Name Currently on File
---	---------------------------------

Business Address Currently on File

Please make the following change(s) in my registration record: (Select and complete appropriate items.)

Business Name Change Business Name (Doing Business As) to:

Name

Identification Number Change Federal Identification Number to:

| | | | |

Ownership Type Change to:

Government Missouri Corporation Partnership Sole Owner

Corporation (Non-Missouri)

Missouri Certificate of Authority Number
| | | | |

Other _____

Fictitious Name Businesses: Missouri Fictitious Name Number
| | | | |

Owner Name Change to: (Use only if change results from change in type of ownership. If owner name changes due to transfer, etc., a new application must be completed.)

New Legal Name of Owner Current Phone Number
(____) ____ - ____

If Sole Proprietor: Owner Social Security Number Birthdate (MM/DD/YYYY)
| | | | | ____ / ____ / ____

Corporation Partners Change to: (All information is required. Attach a supplemental list if necessary.)

Add Remove Name (Last, First, Middle Initial)

Title	Social Security Number 	
Birthdate (MM/DD/YYYY) ____ / ____ / ____	Street Address	
City	State	ZIP Code

Add Remove Name (Last, First, Middle Initial)

Title	Social Security Number 	
Birthdate (MM/DD/YYYY) ____ / ____ / ____	Street Address	
City	State	ZIP Code

Address

Change Address to:

- Physical Address
- Mailing Address
- Location of Books and Records

Street Address	City	State	ZIP Code	County
----------------	------	-------	----------	--------

Attachments

- Attach original rider from bonding company covering change of name or physical address
- A new bond indicating change of ownership accompanied by new application

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, completed, and correct.	
Signature	Printed Name
Title	Date (MM/DD/YYYY) ____/____/____

