



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
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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) ____/____/____

Mail to: Taxation Division
 P.O. Box 811
 Jefferson City, MO 65105-0811

Phone: (573) 751-7163
Fax: (573) 522-1720
TTY: (800) 735-2966
E-mail: excise@dor.mo.gov

Visit <http://www.dor.mo.gov/business/tobacco/> for additional information.

