

**KANSAS DEPARTMENT OF REVENUE
DIVISION OF TAXATION
TOPEKA, KANSAS 66625**

Application for Manufacturers or Processors Sales Tax Exemption Certificate Number

1. Name of Business _____ FEIN _____

2. Business Location _____
(Number and Street) (City or Town) (State) (Zip Code)

3. Mailing Address _____
(Number and Street) (City or Town) (State) (Zip Code)

4. Telephone Number (_____) _____

5. Type of Ownership: Individual Corporation Partnership Other

6. List all owner(s), partners or officer(s):

Name	Home Address	Telephone	Position	SSN
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____

7. Date business started: Month _____ Day _____ Year _____

8. Product(s) Manufactured _____

9. Items to be purchased that will become an ingredient or component part of the finished product _____

10. Are all of your sales for resale? Yes No

11. Do you make sales to the ultimate user or consumer? Yes No

If yes, enter your sales tax registration number _____

Date _____ Signature _____

Name _____
(Please print or type)

Title _____