



MISSOURI DEPARTMENT OF

REVENUE

Registered Agent Statement

Name and Address of Missouri State Registered Agent

This form must be printed or typed in permanent dark ink.

Agent Information	Name		
	Street Address - Required and Must be in Missouri)		
	P.O. Box		County
	City		State ZIP Code
	Telephone Number () - - - -	Fax Number () - - - -	
	E-mail Address		

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I consent to serve as the Registered Agent in the State of Missouri for the above-named Non-Participating Manufacturer (NPM), pursuant to 196.1026, RSMo . I understand it will be my responsibility to receive Service of Process on behalf of the NPM; to forward mail to the NPM; and to immediately notify the Director of Revenue if I resign or change the office address of the Registered Agent.	
	Signature	Title
	Printed Name	Date (MM/DD/YYYY) __ / __ / ____

Form 5299 (Revised 02-2024)

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

and Missouri Attorney General
P.O. Box 899
Jefferson City, MO 65102-0899

Phone: (573) 751-7163
Fax: (573) 522-1720
TTY: (800) 735-2966

tobacco.certification@ago.mo.gov **E-mail:** DOR.tobacco@dor.mo.gov

Visit dor.mo.gov/business/tobacco/motobacco.php for additional information.

