



TRANSIENT VENDOR LICENSE

APPLICANT (all fields required)

When a property is owned by a corporation or LLC, an associated person must be listed in this section.

Business Name	FEIN # or SSN		
Mailing Address	CITY	STATE	ZIP
Driver's License Number			
Business Phone	Mobile Phone		

PRIMARY CONTACT

PRIMARY CONTACT NAME	TITLE
EMAIL	PHONE

OTHER INFORMATION

Kansas Sales Tax Number	NAICS Code	
Nature of Business/Goods Sold:		
Location of Sales in Independence:		
Permission from tenant or owner? (please attach)	YES	NO
Dates Goods will be Sold:		
Will cereal malt beverages, alcoholic beverages, or food be sold? (See Chapter 6)	YES	NO
Vehicle Information (Year, Make, Model, Color)		
License Plate Number		
Proof of Liability Insurance (please attach)		

APPLICANT AFFIRMATION

I affirm by my signature below that I have been provided with and am in compliance with all licensing standards outlined in Independence Code of Ordinance Chapter 62. I understand that failure to comply with any of these standards and/or conditions shall be adequate grounds for the denial, refusal to renew, revocation, or suspension of my license. I acknowledge that the City of Independence will hold me responsible for the maintenance, management, and any legal actions that may ensue for the above listed business. I agree that all correspondence sent from the City of Independence will be mailed to me as the appointed agent/contact person as listed in this section. I acknowledge that no refunds will be issued in regards to this license.

OWNER

SIGNATURE

Date

SIGNATURE

Date

LICENSE FEES

License Fee (no more than 3 consecutive days)	\$25
Total Included: \$_____	

