

APPLICATION FOR TRANSIENT VENDOR LICENSE

Applicant's Name: _____

Business/Organization: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Kansas Sales Tax Certificate: Yes No (see attached copy)

PERSONAL INFORMATION

Social Security No: _____ Date of Birth: _____

Driver's License (State/Number): _____

Nature of Business/Goods to be Sold: _____

Location of Sales: _____

Permission from Tenant: Yes No (see attached letter)

Dates Goods Will Be Sold: _____

VEHICLE INFORMATION

Insurance Identification Card Yes No (see attached copy)

Year: _____ Make: _____ Model: _____ Color: _____ State License No. _____

Letter From Employer Showing Proof of Employment Yes No (see attached letter)

License Fee: _____ \$25⁰⁰ Transient Vendor (no more than 3 consecutive days)

NO REFUNDS ISSUED IN REGARDS TO ANY WEATHER CONDITIONS.

I do hereby solemnly swear (or affirm) under penalty of law that the information provided herein is true and correct.

Signature of Applicant _____ Date _____

City Clerk _____ Date _____