

TRANSIENT MERCHANT LICENSE APPLICATION

1. License to be issued to an: individual _____ a partnership _____ or _____ a corporation _____

2. If an individual, please state your full name and residence address:
Name: _____ Date of birth: _____
Sex: _____ Race: _____ Email: _____
Phone #: _____

Cell Office

3. If a partnership, please state the full name of each partner and the residence address of each. Also, please list the address of the Kansas resident agent. _____

4. If a corporation or association, please state the full name of such corporation or association and where incorporated. _____

5. Please list the name of each transient merchant and provide a physical description for each. If necessary, attach additional pages.

Name:	Race	Sex- M/F	Date of Birth:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. State the location at which you plan to sell your merchandise. _____
State the person's name that granted permission to use said property. _____
What is this person's affiliation with the property? _____

7. List the name and type of goods and/or services solicited. _____

8. Is the applicant the holder of a valid Retailers Sales Tax Registration Certificate issued by the Director of Revenue? _____
Certificate #: _____ and Federal ID #. _____

9. Applicant must attach a listing of any vehicle to be used within the city limits. This listing must include the make, model, year, color, tag number and registration number of each vehicle. _____

TRANSIENT MERCHANT LICENSE APPLICATION

THE FOLLOWING QUESTION MUST BE ANSWERED BY ALL INDIVIDUALS, ALL MEMBERS OF A PARTNERSHIP, ALL OFFICERS, SHAREHOLDERS OR MEMBERS OF CORPORATIONS OR ASSOCIATIONS WHICH ARE APPLYING FOR A TRANSIENT MERCHANT LICENSE.

Have you ever been convicted of or pleaded guilty to a felony under the laws of this state, or any other state, or of the United States, or have you ever forfeited a bond to appear in court to answer charges for any such offense? _____.

Signature of Applicant

Title or Position

AFFIRMATION OF OATH

_____, being first duly sworn, upon oath deposes and says:
That such person is the applicant who makes the above and foregoing application; that such person has read and signed the same, knows the contents thereof and that all statements therein contained are true.

Signature of Applicant

STATE OF _____
COUNTY OF _____ SS:

Subscribed and sworn to before me, a Notary Public in and for said county and state, this _____ day
of _____, 20_____.

Notary Public

My Commission Expires: _____

Approved by Administration: _____

Approved by Police Chief: _____

Amount Remitted: _____ Date: _____

NOTE: License expires 30 days after date of issuance. Date license Expires _____

Applicant must attach all of the following: (1) Copy of valid Kansas retail sales tax registration certificate; (2) \$100 Cash or Surety Bond per ID card. The bond shall be forfeited to the city if applicant does not, within 90 days of the expiration or surrender of ID card, demonstrate by affidavit or otherwise that sales tax has been paid. Upon demonstration that sales tax has been paid, city shall return such bond to depositor.