

LOCAL ITINERANT MERCHANT LICENSE APPLICATION



Date: _____

1. Name of Business:

2. Names and birth dates of all who will be working under this license including applicant. Please provide copies of Driver's Licenses or State issued ID's.
(continue on back if needed)

Name

DOB

Dr License #

2. Have any of the above mentioned been convicted of a felony? If yes, explain.

3. Address of applicant:

4. Kansas State Sales Tax # (must attach copy)

5. Briefly describe the nature of the business.

6. Location where business will be conducted. (Must provide written permission from property owner.)

7. Trade references (past customers)

Name:

Address:

8. Period of time for which license is to be issued:

9. Fee (\$300 per year, \$100 per month or \$25 per day):

Applicant signature:

Date:

For office use only

Receipt #	City Clerk
License#	Police Dept.
Dates Valid	Inspections

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