

NON-LOCAL ITINERANT MERCHANT LICENSE APPLICATION



Date: _____

1. Name of Business

2. Names and birth dates of all who will be working under this license. 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 day/\$900 per month)

Applicant signature

Date

For office use only

Receipt #	City Clerk
License#	Police Dept.
Dates Valid	

CITY ADMINISTRATIVE
 CENTER
 301 N. 8TH
 P.O. Box 998
 GARDEN CITY, KS
 67846-0998
 620.276.1160
 FAX 620.276.1169
www.garden-city.org