

# 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 (\$365 per calendar year)  
\_\_\_\_\_

Applicant signature

Date

*For office use only*

|             |              |
|-------------|--------------|
| Receipt #   | City Clerk   |
| License#    | Police Dept. |
| Dates Valid |              |

CITY ADMINISTRATIVE  
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