



# Transient Merchant Application for City Owned Property

The undersigned hereby makes application for a Transient Merchant Permit in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 34 Peddlers, Solicitors & Transient Merchants, Article III

Requires City Commission Approval – No fee due until approved

\$50.00 per day (Up to 5 days maximum; 2x per year)

## APPLICANT INFORMATION

Must submit application at least 30 days prior to start date

Applicant Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## BUSINESS INFORMATION (Circle business type: Individual, Firm, Corporation or Association)

Representing Business Name: \_\_\_\_\_

Kansas Sales Tax I.D. # (or proof of exemption): \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of the nature of the business and goods to be sold/services to be offered:  
\_\_\_\_\_

Address of City Property: \_\_\_\_\_ State Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## VEHICLE INFORMATION

Year, Make & Model: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_ Tag #: \_\_\_\_\_

Have you ever been convicted of any crime involving moral turpitude or any felony convictions, misdemeanor or of violations involving force, threat of force, violence, theft, dishonesty, fraud, sexual misconduct or the violation of any laws regulating the act of Transient Merchants within the past five years in this state or any other state or subdivision thereof or of the United States? Yes or No

I understand and agree that if a permit is granted, it will not be used or represented in any way as an endorsement by the City or by any department or officer of the City. Yes or No

Have you ever had a transient merchant permit, license or registration revoked or suspended under the ordinance of the City of Leavenworth or any other city? Yes or No

Information provided in this application is correct and true and the license will be displayed at all times during the permit period. Yes or No

**Office Use Only**

\_\_\_\_\_ Date

\_\_\_\_\_ Received By

\_\_\_\_\_ Tax ID or proof of Exemption

\_\_\_\_\_ Copy of Photo I.D.(s)

\_\_\_\_\_ Certificate of Insurance

\_\_\_\_\_ Date for City Commission

\_\_\_\_\_ Account Number

\_\_\_\_\_ License Number

\_\_\_\_\_ Bill Number

## APPLICATION MUST INCLUDE

- 1) Copy of government-issued identification
- 2) State Sales Tax Identification Number
- 3) Liability Insurance - Requirements met\*

\*Any Transient Merchant before obtaining a permit for on city property, shall file with the city clerk a certificate of liability insurance issued by a company authorized to do business in the state, providing \$1,000,000.00 per occurrence for bodily injury or property & \$2,000,000.00 aggregate coverage. In the description of operations section shall include the following: "Transient Merchant" & "City of Leavenworth, its assigned, officers and affiliates are additional insured on a primary and non-contributory basis." The policy shall further include a provision that notice of change or cancellation shall be given to the city. In addition the applicant shall hold the city harmless for any and all claims that may arise against the city by any person for damages to persons or property caused by the licensee (see attached sample).

By signing, I agree to comply with the City of Leavenworth Ordinances, Rules, or Regulations that govern the license and that all information provided is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fees paid are not prorated, refundable or transferable**

Office of the City Clerk • City of Leavenworth • 913-682-9201 • 100 N. 5<sup>th</sup> Street • Leavenworth, Kansas 66048



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Agent	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Insurance Company	
INSURED Named Insured	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 2018 Transient Merchant

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			Policy #			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Transient Merchant, date, location and address of event.

City of Leavenworth, its assigned, officers and affiliates are named as additional insured on a primary and noncontributory basis. 30 day notice of cancellation should be provided.

**CERTIFICATE HOLDER****CANCELLATION**

City of Leavenworth  
100 N 5th Street  
Leavenworth, KS 66048

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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