



Transient Merchant Application for Private 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

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

Submit application at least 2 business days prior to start date

APPLICANT INFORMATION

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 proposed selling location: _____ 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
____ KS Tax ID/Proof of Exemption
____ Copy of Photo I.D.
____ Account Number
____ License Number
____ Bill Number

APPLICATION MUST INCLUDE

1) A copy of government-issued identification

2) Kansas Sales Tax Identification Number

By signing, I agree to comply with the City of Leavenworth Ordinance, 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. 5th Street • Leavenworth, Kansas 66048