



## TRANSIENT VENDOR LICENSE

### APPLICANT (all fields required)

When a property is owned by a corporation or LLC, an associated person must be listed in this section.

Business Name	FEIN # or SSN		
Mailing Address	CITY	STATE	ZIP
Driver's License Number			
Business Phone	Mobile Phone		

### PRIMARY CONTACT

PRIMARY CONTACT NAME	TITLE
EMAIL	PHONE

### OTHER INFORMATION

Kansas Sales Tax Number	NAICS Code	
Nature of Business/Goods Sold:		
Location of Sales in Independence:		
Permission from tenant or owner? (please attach)	YES	NO
Dates Goods will be Sold:		
Will cereal malt beverages, alcoholic beverages, or food be sold? (See Chapter 6)	YES	NO
Vehicle Information (Year, Make, Model, Color)		
License Plate Number		
Proof of Liability Insurance (please attach)		

### APPLICANT AFFIRMATION

I affirm by my signature below that I have been provided with and am in compliance with all licensing standards outlined in Independence Code of Ordinance Chapter 62. I understand that failure to comply with any of these standards and/or conditions shall be adequate grounds for the denial, refusal to renew, revocation, or suspension of my license. I acknowledge that the City of Independence will hold me responsible for the maintenance, management, and any legal actions that may ensue for the above listed business. I agree that all correspondence sent from the City of Independence will be mailed to me as the appointed agent/contact person as listed in this section. I acknowledge that no refunds will be issued in regards to this license.

OWNER

SIGNATURE

Date

SIGNATURE

Date

### LICENSE FEES

License Fee (no more than 3 consecutive days)	\$25
Total Included: \$_____	

PAYMENT OPTIONS	
<p><b>In person</b> via cash, check, money order, credit card</p> <p>City Hall 120 N. 6th St Independence, KS 67301 M-Th 8 am - 4 pm Fri 8 am - Noon</p>	<p><b>By phone</b> via credit or debit card information. Your completed application must have been received prior to payment.</p> <p><i>MasterCard, Discover, American Express, and Visa</i> (620) 332-2500 M-Th 8 am - 4 pm &amp; Fri 8 am - Noon</p>
<p><b>By drop box or by mail</b>, in a sealed envelope with this application and check payable to the City of Independence included.</p> <p>410 N. Penn Independence, KS, 67301</p>	<p>120 N. 6th Independence, KS, 67301</p> <p><b>Online at</b> <a href="http://www.municipalonlinepayments.com/independenceks/easypay">www.municipalonlinepayments.com/independenceks/easypay</a></p> 