



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 |
|-----------------------|
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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

In person via cash, check, money order, credit card
City Hall
811 W. Laurel St.
Independence, KS 67301
M-Th 8 am - 4 pm Fri 8 am - Noon

By phone via credit or debit card information. Your completed application must have been received prior to payment.
MasterCard, Discover, American Express, and Visa
(620) 332-2500 M-ThF 8 am - 4 pm & Fri 8 am - Noon

By drop box or by mail, in a sealed envelope with this application and check payable to the City of Independence included.

811 W Laurel
Independence, KS, 67301

410 N Penn Ave
Independence, KS, 67301

Online at www.municipalonlinepayments.com/independences/easypay

