

**APPLICATION FOR LICENSE TO OPERATE A TEMPORARY BUSINESS WITHIN THE
CITY OF SCOTT CITY, KANSAS
(NON-TRANSFERABLE)**

NAME OF PERSON IN CHARGE OF CONDUCTING TEMPORARY BUSINESS

NAME OF APPLICANT: _____ (MAIDEN NAME) _____

PERMANENT ADDRESS: _____ CITY, STATE, ZIP _____

LOCAL ADDRESS: _____ PHONE NUMBER: (_____) _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____ STATE: _____ COPY RECEIVED: _____

KS SALES TAX #: _____

OR CHECK IF SALES TAX EXEMPT: _____ COPY OF SALES TAX LICENSE OR CERTIFICATE OF EXEMPTION: _____

NAME AND ADDRESS OF OFFICERS OF CORPORATION OR MEMBERS OF PARTNERSHIP, ASSOCIATION, OR OTHER ENTITY)

- NAME OF OFFICER OR MEMBER _____
 - ADDRESS (INCLUDE CITY, STATE, ZIP) _____
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 - ADDRESS (INCLUDE CITY, STATE, ZIP) _____
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 - ADDRESS (INCLUDE CITY, STATE, ZIP) _____
- NAME OF OFFICER OR MEMBER _____
 - ADDRESS (INCLUDE CITY, STATE, ZIP) _____

(CORPORATION ONLY) NAME AND PERMANENT ADDRESS OF APPLICANT'S REGISTERED AGENT OR OFFICE

BUSINESS NAME/NAME OF REGISTERED AGENT OR OFFICE: _____

PHONE NUMBER: (_____) _____

PERMANENT ADDRESS: _____ CITY, STATE, ZIP _____

DATES, TIME, LOCATION, & ITEMS BEING SOLD

DATES BUSINESS TO OPERATE: _____ TO _____ *HOURS OF OPERATION: _____ TO _____

**BUSINESS HOURS NOT TO EXCEED 9:00 A.M. TO 9:00 P.M.*

NATURE OF BUSINESS AND/OR ITEMS BEING SOLD: _____

LOCATION: _____ **OR** DOOR TO DOOR: _____

DESCRIPTION OF TEMPORARY STRUCTURES USED: _____

FEES

LICENSE FEE: \$25.00 PER DAY/MAX OF \$200.00 PER 6-MONTH PERIOD **OR** \$400.00 PER 12-MONTH PERIOD

DURATION OF LICENSE (CIRCLE ONE): PER DAY FEE OF _____ DAYS X \$25.00 6-MO. FEE 12-MO. FEE

LICENSE FEE \$ _____ + INVESTIGATION FEE **\$50.00**

TOTAL FEE OF \$ _____ WAS RECEIPTED BY _____ ON _____ AT _____ A.M./P.M.

I HEREBY GIVE PERMISSION TO THE CITY FOR A CRIMINAL HISTORY INVESTIGATION:

- SIGNATURE OF APPLICANT: _____

WITHIN TWO (2) YEARS PRIOR TO THE DATE OF THIS APPLICATION I HAVE NOT BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR OF ANY KIND, OR VIOLATED ANY MUNICIPAL ORDINANCE REGULATING BUSINESS LICENSES. ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

- SIGNATURE OF APPLICANT: _____

I HAVE RECEIVED A COPY OF ORDINANCE NO. 1171: _____ (Applicant Initials)

SWORN TO BEFORE, AND FILED IN THE OFFICE OF THE CITY CLERK OF SCOTT CITY, KANSAS ON:

_____ (MM/DD/YR) AT _____ (AM/PM)

SIGNATURE OF CLERK IN CITY CLERK'S OFFICE: _____

OFFICE USE ONLY

LAW ENFORCEMENT CENTER

CITY CLERK OFFICE

CLEAR LOCAL: _____ YES _____ NO

CLEARED INVESTIGATION: _____ YES _____ NO

LEC INITIALS: _____ DATE: _____

CLERK'S INITIALS: _____ DATE: _____

PERSON(S) VIOLATING ANY PROVISION SHALL BE SUBJECT TO PENALTY AS PROVIDED IN

CITY CODE SECTION 1-4-1.

APPROVED LICENSE EXPIRES _____