



BUSINESS LICENSE DIVISION

Neighborhood Resource Center

Unified Government of Wyandotte County/ Kansas City, Kansas

4953 State Avenue, Kansas City, Kansas 66101

p. (913) 573-8780 | f. (913) 573-8622 | e-mail: businesslicense@wycokck.org

STREET/SIDEWALK VENDOR LICENSE APPLICATION

Annual Fee \$100.00 Jan. 1-Dec. 31

Occupation Tax: \$ _____

Sale Dates: _____

Application Date: _____

Owners Name: _____

Owners Address: _____

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

Ownership Type Individual Partnership Corporation LLC

(If Corporation or LLC is selected include Articles of Incorporation or Organization, if Partnership is selected provide complete list of all partners, including phone and address.)

Sales will be conducted from Vehicle Cart Tent

Proposed location of vehicle, cart or tent (provide address, detailed description, and map showing specific location). _____

Proposed hours of operation: _____

Provide photograph of vehicle or cart, and describe the nature, size, and manner of construction.

Provide a complete list and description of all items to be sold (attach separate sheet if necessary).

Provide a complete list of all persons that will handle or sell goods from licensed vehicle, or cart, to include name, address, and telephone number (attach separate sheet if necessary). No other person is allowed to handle or sell goods.

Kansas State Sales Tax Identification Number _____

Each unit must clearly display the license, all permits, the name and telephone number of the licensee, and the telephone number of the License Administrator.

By my signature I certify that I have received, read, and understand the contents of the Streets and Sidewalks Ordinance relating to vending, and agree to abide by the contents thereof:

Signature Date

Subscribed and sworn by me this _____ day of _____ 20_____

Notary Public _____