

LIST ALL EMPLOYEES OF APPLICANT CONDUCTING BUSINESS AND INCLUDE A COPY OF THEIR DRIVER LICENSE:

Name Date of Birth Social Security #

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How many years has applicant been engaged in this business? _____

Is this business located in the State of Kansas? _____

Is this business in operation more than 6 months out of the year? _____

Description of all products or services to be sold _____

Hours of operation for which the exemption applies? _____

Dates for which the exemption applies. _____

Location where goods are to be sold or orders taken? _____

Street, City, State, Zip

If merchandise is to be sold on private property, have you received written permission from the property owner (see attached written permission form): _____

Date of last application for Transient Merchant License or Exemption in the County of Ellis if any

In what County/State did you last conduct business? _____

Applicant understands that if exemption from a license is granted, it will not be used or represented in any way as an endorsement by the County of Ellis or by any department or officer thereof.

Signature of Applicant

Date

Please return this application to: Ellis County Clerk, P O Box 720, Hays, Kansas 67601

LICENSE FEE. None

If you have questions regarding this application, call the Ellis County Clerk @785-628-9410.

OWNER'S APPROVAL

To Whom It May Concern in the County of Ellis, Kansas

I, _____ do hereby give
(Print property owners name)

(Print Proposed Licensee)

written permission to conduct a temporary business on my property located at:

from _____ to _____

Signature of Property Owner: _____

Current Address of Property Owner: _____

Phone Number of Property Owner: _____

Date: _____