

**CITY OF CHANUTE  
TRANSIENT VENDOR APPLICATION**

**SECTION A – Company/Corporate Information**

<b>1.</b> Company Name	<b>4.</b> City	<b>7.</b> Has anyone connected with this business been convicted of theft fraud or deceptive business practices?  _____ yes      _____ no
<b>2.</b> Street Address	<b>5.</b> State	
<b>3.</b> Mailing Address	<b>6.</b> KS Sales Tax Number	

**8.** Is this business part of an ongoing investigation by the FBI, KBI, Attorney General or any local government, alleging fraud or deceptive business practices?  
\_\_\_\_\_ yes      \_\_\_\_\_ no

**8a.** If yes, give place, date and agency conducting investigation.

\_\_\_\_\_

**9.** Has the applicant within the last two years been convicted of any crime, misdemeanor or violation of any municipal ordinance regulating transient vendors?  
\_\_\_\_\_ yes      \_\_\_\_\_ no

**9a.** If yes, what was the nature of the offense and the punishment or penalty?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10.** Will the applicant be using a vehicle for the sale of merchandise?  
\_\_\_\_\_ yes      \_\_\_\_\_ no

**10a.** If yes, please provide a brief description of the vehicle along with the license tag number.

\_\_\_\_\_  
\_\_\_\_\_

**11.** What is the length of time for which the right to do business is desired?

\_\_\_\_\_

**SECTION B – Applicant Personnel Information/Person in Charge**

Name \_\_\_\_\_ City \_\_\_\_\_  
Home Address \_\_\_\_\_ ST/Zip Code \_\_\_\_\_  
Weight \_\_\_\_\_ Height \_\_\_\_\_ Social Security # \_\_\_\_\_  
Eye Color \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_  
Home Address \_\_\_\_\_ ST/Zip Code \_\_\_\_\_  
Weight \_\_\_\_\_ Height \_\_\_\_\_ Social Security # \_\_\_\_\_  
Eye Color \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_  
Home Address \_\_\_\_\_ ST/Zip Code \_\_\_\_\_  
Weight \_\_\_\_\_ Height \_\_\_\_\_ Social Security # \_\_\_\_\_  
Eye Color \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

**SECTION C**

Please provide a brief description of the nature of the business and the goods to be sold.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the address of the location where this business will be conducted and/or goods will be sold.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of the owner or the tenant in possession of the said location.

\_\_\_\_\_  
Date

I certify the supplied information is true and correct. I understand if this application contains incomplete, misleading or false data this application will be denied. I and my employees will abide by all laws and ordinances governing sales.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
\_\_\_\_\_

Police Department

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
\_\_\_\_\_

City Clerk

License Starting Date \_\_\_\_\_

License Ending Date \_\_\_\_\_