CITY OF SOLOMON

Transient Merchant License Application

License Fee: $25.00

Date: _____

Company Name: _____

Address: _____

City, State, Zip _____

Telephone: _____

Type of Event: _____

Location of Event: _____

Driver's License #: _____

Date of Birth: _____

Eye Color: _____

Corporate Officers: _____

_____

_____

Date Incorporated _____

State Incorporated

Type of Business: _____

KS Sales Tax #: _____

Sales Tax Rate: 8.0%

Social Security #: _____

Male/Female _____

Weight: _____

Description of the nature of your business and the goods to be sold or distributed: _____

_____

_____

Permission from landowner verified: _____

I, as a transient merchant within the city limits of Solomon, Kansas, do hereby agree to comply with all provision of all ordinances and laws now in force. I, hereby understand that prior to issuance of said license, the application shall be reviewed as necessary. Upon approval by the City clerk, within a period not to exceed five working days, a 90-day license shall be issued.

A CPY OF A DRIVER'S LICENSE OR A PHOTO IDENTIFICATION CARD IS REQUIRED.

I SWEAR THAT THE ABOVE IS TRUE AND ACCURATE INFORMATION.

Signature of Applicant: _____ Date: _____

Signature of City Clerk: _____ Date: _____