



CITY OF SOLOMON
Transient Merchant License Application

License Fee: \$25.00

Date: _____

Company Name:	_____	Corporate Officers:	_____
Address:	_____		_____
City, State, Zip	_____		_____
Telephone:	_____	Date Incorporated	_____
		State Incorporated	_____
Type of Event:	_____	Type of Business:	_____
Location of Event:	_____	KS Sales Tax #:	_____
		Sales Tax Rate: 8.0%	_____
Driver's License #:	_____	Social Security #:	_____
Date of Birth:	_____	Male/Female	_____
Eye Color:	_____	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: _____