

City of Phillipsburg, Kansas  
PO Box 447  
Phillipsburg, KS 67661

## SALES LICENSE APPLICATION FORM

Type of License check one:

Canvasser, Solicitor, Peddler	\$25 per day per person	<input type="checkbox"/>
Transient or Itinerant Merchant/ Vendor	\$25 per day	<input type="checkbox"/>
Background check cost per person	\$20.00	<input type="checkbox"/>

New  Renewal

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Local Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Applicant's Drivers License # \_\_\_\_\_ **\*\* Attach photo copy of drivers license**

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Describe items to be sold: \_\_\_\_\_  
\_\_\_\_\_

Date & Time to begin: \_\_\_\_\_ Date & Time to end: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Kansas Sales Tax #: \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Business References:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_

The applicant has not within two years prior to the date of the application been convicted of any crime, misdemeanor (other than minor traffic violations) or violation of any law regulating peddlers, solicitors, or canvassers. I declare that this application has been examined by me, the statements made herein are made in good faith pursuant to the City of Phillipsburg's City Code, and to the best of my knowledge are true, correct, and accurate.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_