

# EL DORADO

## K A N S A S

### Vendor Stand Permit

As a new or renewal applicant, you are required to complete the application and submit the correct fee. Each question and blank on the application must be filled out completely to ensure quick and timely processing. If any question or blank is not answered or filled, the application will be denied. The City will **NOT** accept incomplete applications.

The following items must be turned into the City before an application will be reviewed:

- Completed "Vendor Stand Permit Application"
- An ENLARGED/Current/Valid ID for all people that will have contact with the City of El Dorado residents.

(The review process can take up to 72 hours)

Once the application is reviewed and (if) approved the applicant then pays the City for all licensing fees. The fees are \$50/day or \$500/approved year period. If payment is made for a daily license after ten (10) days the rate will then roll into the approved year rate and will need to be paid at that time. The applicant is responsible for providing all receipts and paperwork showing they have paid for the ten (10) days and receiving their approved year period license. Any approved year license begins on the date of purchase and ends 364 days later.

All business associates that will have contact with City of El Dorado residence must carry with them at all times a copy of the Door to Door Certificate for the days that are approved.

## Vendor Stand Permit Application

Transient Vender:

- \$50/day
- \$500/approved year

Applicant's Name: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone Number: (Daytime) \_\_\_\_\_ (Evenings) \_\_\_\_\_

Kansas Sales Tax Number: \_\_\_\_\_

Personal Information:

Driver's License Number: \_\_\_\_\_

Dates Applicant Will be Selling: \_\_\_\_\_

Description of Product(s): \_\_\_\_\_

Vehicle Information:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag Number: \_\_\_\_\_

*I do hereby solemnly swear (or affirm) under penalty of law that the information provided herein is true and correct.*

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

**No city license shall be issued until the applicant complies with all codes and ordinances of the City of El Dorado. Each individual desiring to sell will be subject to a background investigation.**

### City Hall Use Only

Application Received By: \_\_\_\_\_

Signature

Date

Amount Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

## Background Investigation

All persons desiring to apply for City of El Dorado licenses will submit the following completed information for *each individual* requesting a vendor's permit or other City license. This form should be submitted at least 24 hours in advance of the event or before the goods or services offered. A copy of photographic identification may be required, along with other specific required documents and assurances, depending upon specific license requirements as required by City ordinance.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

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Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

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### City Hall Use Only

Official Reviewing Application: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
License/ Permit Granted ( ) / Not Granted ( ) Reason: \_\_\_\_\_  
\_\_\_\_\_