

CITY OF OVERLAND PARK  
TRANSIENT MERCHANT APPLICATION FORM

No. \_\_\_\_\_  
Fee: \$50.00  
(Cash or Certified Check)

NAME (of applicant): \_\_\_\_\_  
(proof of identification required)

ADDRESS \_\_\_\_\_  
(City, State, Zip Code)

NAME AND ADDRESS OF ANY COMPANY, BUSINESS, OR FIRM REPRESENTED: \_\_\_\_\_

DO YOU HAVE A PERMANENT BUSINESS LOCATION WITHIN THE STATE OF KANSAS FOR MORE THAN SIX MONTHS: YES \_\_\_\_ NO \_\_\_\_ . IF SO, PLEASE STATE THE ADDRESS AND IDENTIFY ANY PERMANENT BUSINESS LICENSES ISSUED TO YOU \_\_\_\_\_

DATES AND TIMES OF ACTIVITY \_\_\_\_\_

NAME AND PERMANENT ADDRESS OF ALL AGENTS, PARTNERS OR EMPLOYEES: \_\_\_\_\_

IF YOU HAVE BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR, OTHER THAN MINOR TRAFFIC OFFENSES, OR IF YOU HAVE BEEN CONVICTED OF ANY CRIME ARISING FROM THE CONDUCT OF BUSINESS AS A TRANSIENT MERCHANT, PLEASE DESCRIBE IN DETAIL, (failure to provide complete and accurate information is a violation of the City Code and may result in the non-issuance of a license or the revocation thereof). \_\_\_\_\_

DESCRIBE THE NATURE OF THE BUSINESS AND THE ITEMS, GOODS, MERCHANDISE, OR SERVICES BEING OFFERED: \_\_\_\_\_

IDENTIFY ANY OFFERED ITEMS WHICH ARE MADE, PRODUCED, OR RAISED BY YOU: \_\_\_\_\_

A SKETCH OF THE SITE MUST BE ATTACHED IN COMPLIANCE WITH OPMC 5.70.060(c). ADDITIONAL INFORMATION MAY ALSO BE ATTACHED TO AID IN DESCRIBING THE ACTIVITY. (Please indicate if added information is attached.)

STATE OF KANSAS SALES TAX LICENSE: \_\_\_\_\_  
(Or exemption number)

JOHNSON COUNTY, KANSAS, COMMERCIAL INVENTORY TAX: **No longer required per Jo. Co. Clerk's Office** \_\_\_\_\_

JOHNSON COUNTY, KANSAS, TRANSIENT MERCHANT LICENSE NUMBER \_\_\_\_\_  
(Contact Person(s): **Karen (913) 715-0808 or Peggy (913) 715-0799**)

LOCATION OF ACTIVITY: \_\_\_\_\_  
\_\_\_\_\_

NAME, ADDRESS AND TELEPHONE NUMBER OF PROPERTY OWNER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE AND AUTHORIZATION OF PROPERTY OWNER:

I have read the foregoing application and in signing herein below I acknowledge that I understand the nature of the operation or activity to be conducted on my premises and authorize the use of this property for the operation or activity as herein described:

Date \_\_\_\_\_ Signature: \_\_\_\_\_

SIGNATURE OF APPLICANT:

I have been provided a copy of OPMC 5.70 et seq. which are the ordinances controlling the operations and activities of transient merchants in the City of Overland Park, Kansas, and have reviewed the provisions. The statements made on the application herein are true and correct to the best of my knowledge and I understand that any misrepresentation or false information provided is unlawful and may result in the non-issuance of a license or the revocation of the same. Further, I understand that should my application not be approved, I have the right to request information on the procedures for appealing such a decision and acknowledge my understanding of my right to an appeal:

Date \_\_\_\_\_ Signature: \_\_\_\_\_

\* \* \* \* \*

FOR OFFICE USE ONLY

Date application provided to applicant: \_\_\_\_\_

Date OPMC 5.70 et seq. provided to applicant: \_\_\_\_\_

Date application completed and Submitted to City Clerk's Office: \_\_\_\_\_

Reviewed by Planning and Development Services Department:

\_\_\_\_\_  
(Zoning District Identified)

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

CITY CLERK: Application APPROVED for issuance of license:

\_\_\_\_\_  
Signature Date

Application NOT APPROVED for issuance of license:

\_\_\_\_\_  
Signature Date

If not approved: Applicant informed of right to appeal \_\_\_\_\_  
YES NO

Statement of reason(s) for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date