



Please submit this form to:
City Clerk
419 N Broadway
785-263-2550
shayla@abilenecityhall.com

TRANSIENT MERCHANT LICENSE APPLICATION

Date of Application: _____ Date(s) of Event: _____

Type of Event: _____

Location of Event: _____

Name of Corporation: _____

Address of Corporation: _____

Business Telephone: _____ Cell Phone: _____

Corporate Officers Names and Addresses:

Date of Incorporation: _____ State of Incorporation: _____

Type of Business to be Conducted: _____

State of Kansas Sales Tax Number: _____ Abilene Sales Tax Rate = 9.0%

Name and Address of Company Representative Conducting Business in Abilene:

Social Security Number of Company Representative: _____

This license shall be approved/denied within five (5) working days of the application being received. The license will be valid for ninety (90) days from the date of issuance.

Approval of Police Department: _____ Date: _____

Approval of City Clerk: _____ Date: _____

I, as a transient merchant within the city limits of Abilene, Kansas, do hereby agree to comply with all provisions 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 by the Abilene Police Department. Upon approval of the application by the City Clerk, within a period not to exceed five working days, a 90-day license shall be issued.

Signature of Transient Merchant

Signature of City Clerk