



Temporary Business Permit Application
Applications will not be processed until all requested information has been provided.
PO Box 308~2 W Jackson, Iola KS 66749~620-365-4915

Today's Date _____

Applicant Information:

Applicant Name: _____ Phone Number: _____

Applicant Address: _____
Physical Address _____ City _____ State _____ Zip _____

Applicant's: _____
DOB _____ SS# _____ DL# _____ State _____ Exp Date _____

Email: _____

Business information:

Name of Applicant's Firm: _____

Type of Business: _____ Kansas Sales Tax # _____

Dates & Times Business to Operate: From _____ 20____ to _____ 20____
From _____ am/pm to _____ am/pm

Business Location Information:

Name of property owner where the business is to be located _____

Property owner signature _____

Address where the Business is to be located _____

Describe the location (parking lot, vacant lot, etc.) _____

Structures used by the temporary business (tent, truck, trailer, ect.) _____

Person in Charge of Conducting Business Locally:

Name _____	Address _____	DOB _____	DL# _____	State _____
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Sales Staff to be Used Locally:

Name	Address	DOB	DL#	State
Name	Address	DOB	DL#	State
Name	Address	DOB	DL#	State

Liability Insurance

Insurance _____ Policy Number _____

Local

\$10 Application Fee

Valid For 12 Months From The Date License Is Issued

Non-Local

- Three Day \$25.00 Permit Fee + \$10 Application Fee
- Thirty Day \$50.00 Permit Fee + \$10 Application Fee
- Six Months \$250.00 Permit Fee + \$10 Application Fee
- One Year \$400.00 Permit Fee + \$10 Application Fee

Iola Police Dept. Background Check: _____

Sworn before and filed with the Iola City Clerk, This _____ day of _____ 20____

Signature of Applicant

City Clerk Signature