



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
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Name	Address	DOB	DL#	State
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Name	Address	DOB	DL#	State
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Liability Insurance

Insurance	Policy Number
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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