



# Temporary Business License Application

City of Scott City

221 W 5<sup>th</sup> St., Scott City, KS 67871

[scottcty@scottcityks.org](mailto:scottcty@scottcityks.org)

City Clerk, 620-872-5322

## Required Documentation (to be attached throughout form completion)

- Driver's License (photocopy for each individual who will be working in Scott City)
- Kansas Sales Tax Certificate (or Exemption Certificate, if applicable)
- Authorization Statement (statement from property owner indicating permission to set a temporary structure, if applicable)

## Applicant Information

|                          |  |
|--------------------------|--|
| Name of Applicant(s):    |  |
| Permanent Address:       |  |
| Mailing Address:         |  |
| Primary Phone Number:    |  |
| Alternate Phone Number:  |  |
| Primary Email Address:   |  |
| Alternate Email Address: |  |

## Business/Company Information

|                                 |  |
|---------------------------------|--|
| Business/Company Name:          |  |
| Business/Company Address:       |  |
| Primary Phone Number:           |  |
| Alternate Phone Number:         |  |
| Primary Email Address:          |  |
| Alternate Email Address:        |  |
| Kansas Sales Tax Certificate #: |  |

## Names & Addresses of Officers of Corporation or Members of Partnerships or Associations

(Attach a Separate Sheet if Needed)

|                         |  |
|-------------------------|--|
| Full Name:              |  |
| Full Permanent Address: |  |
| Full Name:              |  |
| Full Permanent Address: |  |
| Full Name:              |  |
| Full Permanent Address: |  |

PERSON(S) VIOLATING ANY PROVISION SHALL BE SUBJECT TO PENALTY AS PROVIDED IN CITY CODE SECTION 1-4-1



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## License Details

### Duration of License (Choose 1)

- |   |  |
|---|--|
| <input type="checkbox"/> One (1) Day - \$25.00    | <input type="checkbox"/> Six (6) Days - \$150.00   |
| <input type="checkbox"/> Two (2) Days - \$50.00   | <input type="checkbox"/> Seven (7) Days - \$175.00 |
| <input type="checkbox"/> Three (3) Days - \$75.00 | <input type="checkbox"/> 6 Months - \$200.00       |
| <input type="checkbox"/> Four (4) Days - \$100.00 | <input type="checkbox"/> 1 Year - \$400.00         |
| <input type="checkbox"/> Five (5) Days - \$125.00 |  |

### Background Checks - \$30.00 for each associate operating in Scott City

| <input type="checkbox"/> \$30.00 Fee | Name of Applicant / Associate | Driver's License Provided? | Social Security Number |
|--------------------------------------|-------------------------------|----------------------------|------------------------|
| <input type="checkbox"/>             |                               | <input type="checkbox"/>   |                        |
| <input type="checkbox"/>             |                               | <input type="checkbox"/>   |                        |
| <input type="checkbox"/>             |                               | <input type="checkbox"/>   |                        |
| <input type="checkbox"/>             |                               | <input type="checkbox"/>   |                        |
| <input type="checkbox"/>             |                               | <input type="checkbox"/>   |                        |
| <input type="checkbox"/>             |                               | <input type="checkbox"/>   |                        |

**Fees Due at the time of Application \$** \_\_\_\_\_

**Date(s) Business to Operate in Scott City** \_\_\_\_\_

**Hours of Operation** \_\_\_\_\_

*(Hours must not exceed 7 a.m.-12 a.m. for food trucks / 9 a.m.-9 p.m. for all other vendors)*

**Nature of Business or Items Being Sold** \_\_\_\_\_

**Will you be conducting door-to-door sales/marketing?**  Yes  No

**If "No", please indicate the location of your temporary business** \_\_\_\_\_  
*(Required for a "No" response above)*

**Also, if "No" above, please attach a statement from property owner indicating permission given to set a temporary structure (required).**

**I have attached a statement from the property owner.**



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## Acknowledgements

### Please acknowledge each statement by checking the appropriate box

I give permission for City of Scott City to conduct background checks. I have notified all individuals who are listed on this application that background checks are required to be conducted on each individual working in Scott City.

I acknowledge that within two (2) years prior to the date of this application I have not been convicted of any felony or misdemeanor of any kind or violated any municipal ordinance regulating business licenses. All information provided on this form is true, correct, and complete.

I acknowledge that the City Codes of Scott City, Kansas, pertaining to the issuance of temporary business licenses within the City of Scott City can be obtained either by visiting [https://codelibrary.amlegal.com/codes/scottcityks/latest/scottcity\\_ks/0-0-0-571](https://codelibrary.amlegal.com/codes/scottcityks/latest/scottcity_ks/0-0-0-571) or by contacting City Hall.

I acknowledge that I have been made aware that copies of valid licenses will be posted to the City of Scott City's Facebook page. I have notified all business associates that they are required to provide their copy of the license to members of the public upon request. Failure to do so will result in the revocation of the license for the entire company.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### For Office Use Only:

**Law Enforcement Center**

**City Clerk Office**

**Clear Local?**  Yes  No

**Clear Investigation?**  Yes  No

**LEC Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clerk's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved License Expires:** \_\_\_\_\_