

**CITY OF LA CYGNE**  
**TRANSIENT VENDOR LICENSE APPLICATION**

Name of Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Kansas Sales Tax ID Number \_\_\_\_\_

Applicants Residential Address \_\_\_\_\_

Address and/or Location of Proposed Sales \_\_\_\_\_

**Description of Business**

General description of business: \_\_\_\_\_

Description of goods to be sold: \_\_\_\_\_

Are goods farm/orchard products? \_\_\_\_\_ Yes \_\_\_\_\_ No

If goods are farm/orchard products, are they produced/grown by applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please set out full name and address of producer or grower:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If employed, give name, address, and telephone number of employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested duration of license \_\_\_\_\_

As to all vehicles used by Applicant for transportation and/or sales please state:

Description of Vehicle: \_\_\_\_\_

Vehicle ID Number: \_\_\_\_\_

License Tag Number: \_\_\_\_\_

Please state whether Applicant has within 2 years previous to this application been convicted of any crime of any government entity regulating transient vendors, and if so, the punishment of penalty assessed therefore \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

**For Office Use Only:**

Permit Fee Paid \_\_\_\_\_

Date Paid \_\_\_\_\_

Receipt Number \_\_\_\_\_