



CITY OF FREDONIA, KANSAS

BUSINESS LICENSE APPLICATION

APPLICANT NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

HEIGHT: _____ AGE: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____ EXPIRATION DATE: _____

VEHICLE DESCRIPTION: _____
YEAR MAKE MODEL COLOR

TAG#: _____ ISSUING STATE: _____ ISSUING COUNTY: _____

COMPANY NAME: _____ KS SALES TAX ID#: _____

COMPANY ADDRESS: _____

BRIEF DESCRIPTION OF BUSINESS: _____

____ WILSON COUNTY RESIDENT(no waiting period) ____ NON-RESIDENT(5-day waiting period)

I HEREBY CERTIFY THAT I HAVE NOT BEEN CONVICTED OF THE CRIME OF THEFT, LARCENY, FRAUD, EMBEZZLEMENT, OR ANY FELONY, MISDEMEANOR (OTHER THAN MINOR TRAFFIC VIOLATIONS) OR VIOLATION OF ANY MUNICIPAL LAW REGULATION PEDDLERS, SOLICITORS, OR CANVASSERS.

APPLICANT SIGNATURE: _____ DATE: _____

* * * * * FOR OFFICE USE ONLY * * * * *

APPLICANT FEE OF \$ _____ RECEIVED (NON-REFUNDABLE IF APPLICATION DENIED)

IF APPROVED, A FEE OF \$5.00/DAY WILL BE ASSESSED FOR SOLICITING BETWEEN THE HOURS OF 8:00 AM AND 9:00 PM, AND IS GOOD FOR THE INDICATED DATES: _____

APPROVED / DISAPPROVED

(CIRCLE ONE)

REASON FOR DENIAL: _____

DATE APPROVED/DENIED: _____ DATE LICENSE ISSUED: _____

CHIEF OF POLICE: _____ CITY CLERK: _____

(sign & date)

(sign & date)