

FARMER'S MARKET LICENSE APPLICATION

Allow 10 days for processing – not transferrable.

Please use a separate form for each location.

Treasurer's Office CITY LICENSE (31				Floor V	Wichita	KS 672	202			Date	e				
\$ 50.00 per		Times of sale													
\$ 75.00 per month – dates needed						Times of sale									
\$150.00 per										Times	of sale				
Individual	Propr	ietorsł	nip			Partne	ership		-	Co	orporation				
Indicate number of tra	ansient	merc	hant ven	idors to	particip	ate in "b	olanket"	application	on:			Tra	ansien	t Merch	nants
APPLICANT INFO	RMA'	ΓΙΟΝ	:												
Name											Birth Date	;			
Permanent Address															
City, State and Zip											Phone	(,) -	-
Mobile/Cell phone		()	-			Fax	Number			()	-		
E-mail Address															
have not been co was convicted of penalty assessed	onvicte of a fel	ed of a	ny felon	ny					_				nishme	ent and	
ignature of Applicant						Date									•
FARMER'S MARK	ET O	PERA	TOR II	NFORM	MATIO	N: (Con	mplete t	his box O	NLY if	differe	nt from A	pplice	ant in	formati	on above
Name											Birth Date	;			
Permanent Address															
City, State and Zip											Phone	() -	=
Mobile/Cell phone		()	-			Fax	Number			()	-		
E-mail Address															
Complete the inforn						mer's M	Iarket (Operator	Compa	any per	sons:				
If a corporation,															
If a partnership,											•		_		
f more space is need	ed, use	the re	everse si	de of th	nis applic	cation or	attach	a separate	piece o	of paper	to this ap	plicat	ion.		
Full Name															
Address															
City and State											Zip Cod	e			
f a corporation, the r	iame a	nd per	manent	address	s of the r	egistered	d agent o	or office:							
Full Name															
Address															
City and State		·									Zip Cod	e			
,		ed of a	nny felon	ny	, Fa	armer's	Marke	t Operato	or of thi	is Farme	er's Marke	et loc	ation,	within (the two ye
was convicted of penalty assessed	of a fel				ature of	the offer	nse, (2)	city and st	tate of t	the offer	nse, and (3	3) pui	nishme	ent and	
Signature of Farme	r's Ma	rket (Operato	r (requ	ired onl	y if diffe	erent fro	m applica	int)	Date					

Birth Date Name Permanent Address City, State and Zip Phone Mobile/Cell phone Fax Number E-mail Address , site owner or tenant in possession of this Farmer's Market location, being of lawful age, state that upon signing this application, I certify the information and answers I provide, herein contained, are true and accurate to the best of my knowledge, and that I will: - Give permission for the Farmer's Market described in this application to occur at the designated location YES NO - Provide adequate parking, if relevant, to support the Farmer's Market and other permanent on-going business activities at the designated location YES **Signature of Site Owner or Tenant** in possession of the market location Date Farmer's Market Location Address/Description General Description of Farmer's Market (name and nature of type of business to be conducted) Will any prepared food be sold as part of the Farmer's Market? YES NO or _____, the **Applicant,** and I, _____ Farmer's Market Operator of this Farmer's Market (if different from the applicant), being of lawful age, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. In addition, I have read and understand all rules and regulations of Chapter 3.94 as set out in the Code of the City of Wichita. Furthermore, I hereby agree to comply with all of the laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita and I consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules, or regulations. **Signature of Applicant** Date Signature of Farmer's Market Operator (if different from applicant) Date FOR OFFICIAL USE ONLY LICENSE # DATE

EXPIRATION DATE

FARMER'S MARKET SITE OWNER (or tenant in possession of location) INFORMATION:

TOTAL FEE