

# KANSAS

# DISPLAY SHOW SPONSOR APPLICATION

Department of Revenue  
Division of Vehicle Services  
Dealer Licensing  
PO Box 2369, Topeka, KS 66601-2369  
<https://www.ksrevenue.gov>

Dealer Licensing: 785-296-3621, opt. 6

Validation # \_\_\_\_\_  
(Fiscal Use Only)

## INSTRUCTIONS

1. This application must be completed and returned with the appropriate fee to the Dealer Licensing Division of Vehicle Services **NO LESS THAN 10 WORKING DAYS PRIOR TO THE DISPLAY SHOW DATE.**  
Approval must be given from the Director of Vehicles *before* you are authorized to hold the Display Show.
2. The zoning application at the bottom must be completed in its entirety by a zoning official of the City or County Zoning Department. Any items left blank or altered will void application.
3. NO SALES TRANSACTION MAY OCCUR AT SUCH DISPLAY SHOW LOCATIONS. THIS WILL BE STRICTLY ENFORCED.
4. PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

**DISPLAY SHOW APPLICATION FEE \$100.00. (Make checks payable to the Kansas Department of Revenue)**

Application Date: \_\_\_\_\_ D#: \_\_\_\_\_ F#: \_\_\_\_\_  
Sponsor Name: \_\_\_\_\_  
Sponsor's Primary Location: \_\_\_\_\_  
Street Address City County State Zip

**Pursuant to K.S.A. 8-2435, I hereby make application to the Director of Vehicles for approval to conduct a Display Show at the following address:**

Display Show Street Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates requested to hold Display Show (15 consecutive days only):  
From \_\_\_\_\_ To: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Signature of Owner/Authorized Representative \_\_\_\_\_ Printed Name & Title \_\_\_\_\_ Date \_\_\_\_\_

## **ZONING CERTIFICATION (this section is required)**

**To be completed by Zoning Agent. If no zoning exists, agent must indicate below.**

This is to notify you that \_\_\_\_\_  
located at \_\_\_\_\_ is in conformance with the  
zoning ordinances or regulations of the city or county of \_\_\_\_\_, Kansas.  
The location is hereby approved for the display of New Vehicles.  No Zoning

Signature of Zoning Agent \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Address of Zoning Office \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

## Office Use Only

License Approved:  Yes  No Department Signature \_\_\_\_\_