

KANSAS DEPARTMENT OF REVENUE
DIVISION OF VEHICLES
DEALER LICENSING BUREAU
TOPEKA, KS 66626-0001
Web Site: www.ksrevenue.org/dmv
PH (785) 296-3621 FAX (785) 296-5854

Folder # _____

Amount Remitted _____

DISPLAY SHOW APPLICATION

Amount: 3 Mo. \$15.00
 6 Mo. \$30.00
 12 Mo. \$90.00

Dealer Business Name: _____ D # _____

dba (if applicable) _____

Dealer Primary Location: _____
Street 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 ONLY** at the following address:

Display Street Address: _____

City _____ State _____ Zip _____

Dates requested to hold Display Shows:

From: _____ To: _____
Month Day Year Month Day Year

Hand Printed Name of Representative _____

Signature of Authorized Representative _____ Date _____

PLEASE NOTICE

This application must be completed and returned with the **appropriate fee** to the Dealer Licensing Bureau, **NO LESS THAN 10 WORKING DAYS PRIOR TO THE SHOW DATE.**

\$15.00 for 3 months; \$30.00 for 6 months; or \$90.00 for 12 months.

Approval must be given from the Director of Vehicles *before* you are authorized to hold the Display Show.

The zoning application at the bottom must be completed. Any items left blank or altered will void application.

NO SALES TRANSACTIONS MAY OCCUR AT SUCH DISPLAY LOCATIONS.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

ZONING CERTIFICATION

TO BE COMPLETED BY ZONING AGENT: (THIS SECTION IS REQUIRED.)

This is to notify you that _____ located at _____
Business Name Display Show Street Address & Name of Complex, if applicable

_____ is in conformance with the zoning ordinances or regulations of the city or
City, State, Zip

county of _____, Kansas. This location is hereby approved for the display of **New Vehicles**.

No Zoning

Signature of Zoning Agent & Office Phone # Date