

KANSAS DEPARTMENT OF REVENUE
APPLICATION FOR SPECIAL EVENT TAX CLEARANCE

1. Name and date of event for which you are requesting a clearance letter.

Event Name: _____ Event Date: _____

2. Applicant Information: **Business** **Individual** **(Please check one)**

Name (Registered) Identification Number (FEIN or SSN)

Business Name (If different than registered name) Tax Identification Number (if applicable)

Current Street Address City, State, ZIP

Daytime Telephone Number Fax Number

Cell Phone Number Email Address

3. Previous events at which you vended in Kansas in the last three years

No Kansas sales tax account? List the event(s) name and date(s) below: (Use back if more space is needed)

4. Event copy (choose one box only)

Submit a copy of my tax clearance letter to the event noted above

Do not submit my tax clearance letter to the event noted above

5. Signature

Print Name Title (Corporate Officer, Partner, Individual, etc)

Signature Date

6. Send this request to the Kansas Department of Revenue Special Events

Mail: Kansas Department of Revenue
Attn: Special Events
13420 W 62nd Terr.
Shawnee, KS 66216

Fax: 866-743-4812
Email: kdor.special.events@kdor.ks.gov

If you need any additional copies of this form you can find it at: <https://www.ksrevenue.org/specialsalesevents.html>
or have any questions, please contact Special Events at 785-207-1572.