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

Phone: 913-631-0296 Ext. 202
Fax: 866-743-4812
Email: kdor_special.events@ks.gov