

Kansas Department of Revenue
Division of Vehicles
Dealer Licensing Bureau
Topeka, KS 66626-0001
Web Site: www.ksrevenue.org
(785) 296-3621 Fax (785) 296-5854

FOLDER # _____

DEALER # _____

APPLICATION FOR LOCATION CHANGE OR SUPPLEMENTAL LOCATION

- Supplemental Location \$35.00
- Location Change (*no fee within the same county*)
- Location Change (*different county New Vehicle Dealer ONLY*) \$25.00

Any name changes and location changes require a Rider from your Bond Company and a Certificate of Insurance from your Insurance Company reflecting changes to be filed with the Dealer Licensing Bureau.

Business Name
including DBA _____

CURRENT/PREVIOUS LOCATION:

Street Address _____

City _____ County _____ State _____ Zip _____

I hereby make application to the Division of Vehicles to change my business location from the above address to the below address or add the below address as a supplemental location. I have new zoning and have contacted my field investigator and have been approved to make this change. I understand that approval for the change of address or supplemental location of my established place of business must be secured from the Division of Vehicles prior to the actual change and that such change before approval could result in suspension or revocation of my dealer license. (Ref. K.S.A. 8-2410(a)(23).

NEW OR SUPPLEMENTAL LOCATION:

Street Address _____

City _____ County _____ State _____ Zip _____

Directions to
New Location _____

New location Telephone # _____ Fax Number: _____

If applying for a Supplemental Location on a temporary basis, please indicate the dates that the location will be used:

Beginning Date _____ to Ending Date _____

Owner/Representative Signature _____ Print Name _____ Date _____

Forward completed application, remit any necessary fees, Bond and Insurance changes or additions to the Dealer Licensing Bureau. You will be contacted by your Field Investigator for final approval.

The zoning certification on the reverse side must be signed prior to your field investigator's inspection.

Approved: yes _____ no _____ Date _____ Field Investigator _____

ATTENTION ZONING OFFICIAL

The entire zoning certification must be completed. If there is "No Zoning Applicable", please mark the box below.
Any blanks will VOID this zoning certification.

It is required that the below certification is signed by either the City Official or County Official, depending on where the zoning is regulated

ZONING CERTIFICATION

TO BE COMPLETED BY ZONING AGENT:

This is to notify you that _____ located at
Business Name

_____ is in conformance with the zoning

New Primary or Supplemental Address (with City, State & Zip code

ordinances or regulations of the city or county of _____, Kansas. This

City or County

location is hereby approved to conduct business as the license type of _____

(License Type)

NO Zoning Applicable

Signature of Zoning Agent Title

Address of Zoning Office

City State ZIP

Zoning Office Phone Number

Zoning Office Fax Number

for county change only

PERSONAL PROPERTY TAX CERTIFICATION

I, the undersigned County Treasurer, certify that personal property tax levied for the preceding year against all firm owners shown hereon have been paid in full; have been paid for the half of the preceding year, or that satisfactory evidence has been presented to this office that said owners had no taxable property for the preceding year.

Dated at _____, Kansas, this

_____ day of _____,

Co. Treasurer's Signature _____

County of _____