

Kansas Department of Revenue  
Division of Vehicles  
Dealer Licensing  
Topeka, KS 66626-0001  
Web Site: <http://www.ksrevenue.org>

FOLDER # \_\_\_\_\_

DEALER # \_\_\_\_\_

(785) 296-3621 Fax (785) 296-5854

## APPLICATION FOR LOCATION CHANGE OR SUPPLEMENTAL LOCATION

Supplemental Location \$35.00

Location Change (*no fee within the same county*)

Location Change (*different county New/Used Vehicle Dealer ONLY*) \$25.00

***Any changes or additions to your location requires a Rider from your Bond Company and a Certificate of Insurance from your Insurance Company reflecting changes to be filed with Dealer Licensing.***

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. 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, Relevant Market Area, Franchise Agreement, etc. to Dealer Licensing. You will be contacted by 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 \_\_\_\_\_