

KANSAS

TRADE SHOW SPONSOR APPLICATION

Department of Revenue
Division of Vehicle Services
Dealer Licensing
PO Box 2369, Topeka, KS 66601-2369
<https://www.ksrevenue.org/pdf/D12D.pdf>

Dealer Licensing: 785-296-3621, opt. 6

Validation # _____
(Fiscal Use Only)

INSTRUCTIONS

1. This application must be completed and returned with the appropriate fee to the Dealer Licensing Division of Vehicle Services **NO LESS THAN 10 WORKING DAYS PRIOR TO THE TRADE SHOW DATE.** Approval must be given from the Director of Vehicles *before* you are authorized to hold the Trade Show.
2. The zoning application at the bottom must be completed in its entirety by a zoning official of the City or County Zoning Department. Any items left blank or altered will void application.
3. NO SALES TRANSACTION MAY OCCUR AT SUCH TRADE SHOW LOCATIONS. THIS WILL BE STRICTLY ENFORCED.
4. PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

TRADE SHOW APPLICATION FEE \$50.00. (Make checks payable to the Kansas Department of Revenue)

Application Date: _____ D#: _____ F#: _____
Sponsor Name: _____
Sponsor's Primary Location: _____
Street Address City County State Zip

Pursuant to K.S.A. 8-2404, I hereby make application to the Director of Vehicles for approval to conduct a Trade Show at the following address:

Trade Show Street Address: _____
City: _____ State: _____ Zip: _____
Dates requested to hold Trade Show (4 consecutive days only):
From _____ To: _____
Month/Day/Year Month/Day/Year

Signature of Owner/Authorized Representative _____ Printed Name & Title _____ Date _____

ZONING CERTIFICATION (this section is required)

To be completed by Zoning Agent. If no zoning exists, agent must indicate below.

This is to notify you that _____
located at _____ is in conformance with the
zoning ordinances or regulations of the city or county of _____, Kansas.
The location is hereby approved for the display of New Vehicles. No Zoning

Signature of Zoning Agent _____ Printed Name _____ Title _____

Address of Zoning Office _____ Phone _____ Date _____

Office Use Only

License Approved: Yes No Department Signature _____