

Validation # _____
(Fiscal Use Only)

KANSAS DEPARTMENT OF REVENUE

DIVISION OF VEHICLES
DEALER LICENSING BUREAU
PO BOX 2369
TOPEKA, KS 66601-2369
PH (785) 296-3621 FAX (785) 296-5854
www.ksrevenue.gov/dmv

Participant Display Show Application

Display Show Application Fee \$35.00
(Make checks payable to the Department of Revenue)

Application Date _____

D# _____ F# _____

Participant/Dealer Name: _____

D/b/a Name (if applicable) _____

Participant/Dealer Primary Location: _____

**Pursuant to K.S.A. 8-2435 I hereby make application to the Director of Vehicles for approval to conduct a
DISPLAY SHOW at the following address:**

Address of Display Show: _____

City _____ State _____ Zip Code _____

Dates requested for Display Show (15 consecutive days only) From: _____ To: _____

Representative's Hand Printed Name _____

Signature of Authorized Representative _____ Date _____

Sponsors Name: _____

ATTENTION

Return this application and fee to the Dealer Licensing Bureau, **NO LESS THAN 10 DAYS PRIOR TO THE
DISPAY SHOW DATE.**

Approval must be given by the Director of Vehicles *before* you are authorized to hold the Display Show.

The zoning application at the bottom must be completed. Any items left blank or altered will void the application.

**NO SALES TRANSACTIONS MAY OCCUR AT SUCH DISPLAY SHOW
LOCATIONS. THIS WILL BE STRICTLY ENFORCED.**

Please retain a copy of this form for your records.

ZONING CERTIFICATION

To be completed by the Zoning Agent: (this section is required)

This is to notify you that _____ located at _____
Is in conformance with the zoning ordinances or regulations of the city or county of _____, Kansas.

Office Use Only

License Approved YES NO Department Signature _____