

KANSAS

DISPLAY SHOW APPLICATION

Department of Revenue
Division of Vehicle Services
Dealer Licensing
PO Box 2369, Topeka, KS 66601-2369
<https://www.ksrevenue.gov/pdf/D12B.pdf>

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

INSTRUCTIONS

Folder # _____

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 SHOW DATE.**
2. \$15.00 for 3 months; \$30.00 for 6 months; \$90.00 for 12 months
Approval must be given from the Director of Vehicles before you are authorized to hold the Display Show.
3. 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.
4. NO SALES TRANSACTION MAY OCCUR AT SUCH DISPLAY LOCATIONS.
5. PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

Dealer Business Name: _____

dba (if applicable) _____

Dealer Primary Location: _____
Street Address City County State Zip

Email Address: _____ Phone: _____

Select One: \$15.00 for 3 months \$30.00 for 6 months \$90.00 for 12 months

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

Display Show Street Address: _____

City: _____ State: _____ Zip: _____

Dates requested to hold Display Shows:

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