



**EL DORADO**

THE FINE ART OF LIVING WELL

## City of El Dorado Door to Door Permit Procedure

- Customer/Business must turn in a complete “Application for Permit and/or License Door to Door”
- The City of El Dorado requires copies of ENLARGED/Current/Valid ID's for ALL people that will have contact with City of El Dorado residents.
- Could take up to 72 hours to have all background checks to be completed & application approved by City of El Dorado Police Chief.
- Customer/Business is to pay \$50/day or \$500/approved year period.
- If customer/business decides to pay daily, after 10 days the rate will roll to the 1 year period. The customer is responsible for bringing all paperwork (receipts & certificates), to prove their business has paid for 10 days & get their 1 year certificate. Year begins date of the 1<sup>st</sup> permit & ends 364 days later.
- All customers/business associates must carry with them at all times a copy of the Door to Door Certificate for the days approved.

A CITY OF CHARACTER

220 E. First | PO Box 792 | El Dorado, Ks 67042 | Phone 316.321.9100 | Fax 316.321.6282

[www.eldoks.com](http://www.eldoks.com)



EL DORADO  
THE FIRST CITY BY LIVING WELL

**City of El Dorado**  
220 E. 1<sup>st</sup> Ave.  
PO Box 792  
El Dorado, KS 67042

**APPLICATION FOR PERMIT AND/OR LICENSE  
DOOR TO DOOR**

**Transient Vendor:**  \$50 per day  \$500 annual

Applicant's Name: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (Daytime) \_\_\_\_\_ (Evenings) \_\_\_\_\_

KANSAS SALES TAX #: \_\_\_\_\_

**PERSONAL INFORMATION:**

Driver's License (State/Number): \_\_\_\_\_

Dates applicant will be selling: \_\_\_\_\_

Description of products: \_\_\_\_\_

**VEHICLE INFORMATION**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ State License No. \_\_\_\_\_

*I do hereby solemnly swear (or affirm) under penalty of law that the information provided herein is true and correct.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

***No city license shall be issued until the applicant complies with all codes and ordinances of the City of El Dorado. Each individual desiring to sell will be subject to a background investigation.***

**FOR CITY HALL USE ONLY**

Application Received By: \_\_\_\_\_  
*Signature* *Date*

Amount Received: \_\_\_\_\_ Receipt No. \_\_\_\_\_



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**City of El Dorado**

220 E. 1<sup>st</sup> Ave.

PO Box 792

El Dorado, KS 67042

**BACKGROUND INVESTIGATION**

All persons desiring to apply for City of El Dorado licenses will submit the following completed information for *each individual* requesting a vendor's permit or other City license. This form should be submitted at least 24 hours in advance of the event or before the goods or services offered. A copy of photographic identification may be required, along with other specific required documents and assurances, depending upon specific license requirements as required by ordinance.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Cell Phone : ( ) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**FOR CITY HALL USE ONLY**

Official Reviewing Application: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

License/ Permit Granted ( ) / Not Granted ( ) Reason: \_\_\_\_\_

Notes: