

Division of Taxation
915 SW Harrison St
Topeka KS 66612-1588



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Nick Jordan, Secretary
Steve Stotts, Director of Taxation

Sam Brownback, Governor

APPLICATION FOR SPECIAL EVENT TAX CLEARANCE

1. Name and date of event for which you are requesting a clearance letter

Event Name: _____ Event Date: _____

2. Applicant Information: **Business** **Individual**

Name (Registered) Identification Number (FEIN, SSN, TIN)

Business Name (If different than registered name) Identification Number (FEIN, SSN, TIN)

Current Street Address City, State, Zip

Daytime Telephone Number Fax Number

Cell Phone Number Email Address

3. Previous events at which you vended in Kansas in the last three years

No Kansas sales tax account? List the event name(s) & date(s) below: (Use back if more space is needed)

4. Event copy (choose one box only)

Submit a copy of my tax clearance letter to the event noted above

Do not submit my tax clearance letter to the event noted above

5. Signature

Print Name Title (Corporate Officer, Partner, Individual, Etc.)

Signature Date

6. Send this request to the Kansas Department of Revenue Special Events

Mail: Kansas Department of Revenue
Attn: Special Events
1883 W 21st St. N
Wichita, KS 67203-2104

Fax: 866-743-4812
Email: kdor.special.events@kdor.ks.gov