



MOBILE FOOD VENDING LICENSE APPLICATION

BUSINESS INFORMATION

Name of Business: _____

Business Telephone: _____

Business Address: _____
Street City State Zip Code

Mailing Address (if different): _____
Street City State Zip Code

Email address: _____ Website: _____

KS Sales Tax Number: _____ KS Food Establishment Number: _____

On-Site Manager Name: _____ Telephone: _____

APPLICANT INFORMATION

Owner Name: _____ Date of Birth: ____/____/____

Telephone (Day): _____ Telephone (Evening): _____

Driver's License # and State Issued: _____
Attach Copy

Vehicle Information (If operating from vehicle): _____
Year Make Model Color(s) State License #

Statement of Applicant (Ice Cream Vendor, Massage Establishment or Therapist Only): I have (), have not (), been convicted of any crime, misdemeanor, or violation of any municipal ordinances. If so, please provide the nature of the offense and the punishment or penalty assessed. _____

LICENSE INFORMATION (LICENSE TYPES AND FEES ON REVERSE)

Detailed Description of Business, Organization, Trade: _____

Renewal: ☐ Yes ☐ No

I declare under penalty of false statement that, to the best of my knowledge and belief, the statements made herein are true and correct.

Signature: _____ Title: _____ Date: _____

No license shall be issued until the applicant or premise complies with all codes and ordinances of the City of Lansing. The Community Development Department may be contacted to schedule an inspection prior to license approval. The Police Department may also review this application prior to license approval.

FOR OFFICIAL USE ONLY:

Application Received By: _____ Cost: _____ License Period: _____
Signature Date

Police Signature: _____ Amount Received: _____ ☐ Cash ☐ Check ☐ Credit
Signature Date Additional Information: ☐ Insurance ☐ Attachment B
☐ Cereal Malt Beverage Form ☐ Articles of Incorporation
☐ Copy of Photo Identification ☐ Copy of State License
☐ Additional Code Items ☐ Late Fee

Community & Eco. Development Signature: _____
Signature Date

Notify: ☐ Finance ☐ Public Works ☐ Police ☐ CED Dept.

Applicant must include:

- Proof of general liability insurance covering the mobile vending operation and vehicle with the City of Lansing listed as a certificate holder.
- Copy of valid driver's license for operation of the class of vehicle identified in the application for any owner or employee who will be driving the identified vehicle.
- Copy of State Health Inspection
- Copy of applicant's State Sales Tax Certificate
- Copy of any additional license or permit required by the state and/or county.

The applicant understands and agrees that the license issued will not be used or represented in any way as an endorsement of the applicant by the City of Lindsborg or by any department, officer, or elected or appointed official of the City.

No person whose duties include working upon the premises of the MFV rig is a registered sex offender, and the applicant has, subject to audit, performed the necessary background check of all such persons to ensure that the statement is correct.

When the MFV rig is not in use, it will be stored or parked in compliance with all ordinances and regulations of the City of and that failure by the applicant to legally store the MFV rig may result in the suspension or revocation of the applicant's license.

I, _____ (print) , the applicant, or individual legally authorized to sign for the corporation or partnership, state that upon signing this application, I understand and agree to the statements above and to the provisions set forth in Mobile Food Vending Policy Manual of the City of Lansing, Kansas, and certify that the information and answers herein contained are complete and true to the best of my knowledge.

Signature _____

Date _____

Official Use Only

License #	Date Issued
Total Fee paid	Date of Expiration
Location of Operation	