



MOBILE FOOD TRUCK APPLICATION

Application Fee: \$25 One Week (consecutive days); \$60 One Month (consecutive days); \$200 Six Month (consecutive months); \$400 Annual (expires 365 days from issuance)
These prices do not include utility hook-ups

Name _____ Date of Birth _____ Phone _____

Business Name _____

Permanent Address of Applicant _____

Permanent Address of Business _____

Applicants State or Government Issued ID Card/ Driver's License #: (Provide a Copy) _____

Copy of all Employees or Owners Driver's License that will be driving Mobile Food Unit Attached YES [] NO []

Name of Owner of Mobile Food Unit _____

Type of Vehicle of Mobile Food Unit _____

Make of Vehicle of Mobile Food Unit _____

Vehicle Tag Number _____

Date(s) for which License is Desired _____

Address or Description of Location and Nature of the Business: _____

Full FEIN of Business: _____

Description (with dimensions) of any temporary structure(s) to be erected, constructed and Used by all Persons or Employees: _____

Do you have a current Sales Tax License? (Provide a Copy) YES [] NO []

Do you have a Food Service Permit Issued by the State of Kansas? (Provide a Copy) YES [] NO []

Do you have General Liability Insurance for the Mobile Vending operation with minimum limits of \$500,000 combined, single limit for bodily and property damage, each occurrence and \$1,000,000 in the general aggregate, written by an insurance carrier licensed to do business in Kansas? Evidence of compliance with these insurance requirements shall be in the form of a Certificate of Insurance that shall be submitted with the application. Such insurance certificate shall be cancellable without prior written notice to the City. (Provide a Copy) YES [] NO []

If you will be on private property, do you have written permission from the property owner? (Provide a Copy) YES [] NO [] N/A []

By signing below, I certify that I have never had a mobile vending license or other similar license, or registration revoked or suspended by the city of Clearwater or any other city. Such a revocation or suspension may result in the city's refusal to process the requested license. I understand and agree that the license will not be used or represented in any way as an endorsement of the applicant by the city of Clearwater, Kansas or by any department, officer, or elected, or appointed official of the city. No one has been convicted of any felony or misdemeanor of any kind within the past two years of the signed date below. Including myself and employees/owners. I certify that all the above information is true and correct.

Signed _____ Date _____



OFFICE USE ONLY

Driver's License of Applicant	YES <input type="checkbox"/> NO <input type="checkbox"/>
Driver's License of All Drivers	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Sales Tax License	YES <input type="checkbox"/> NO <input type="checkbox"/>
Food Service Permit	YES <input type="checkbox"/> NO <input type="checkbox"/>
Insurance	YES <input type="checkbox"/> NO <input type="checkbox"/>
Tag Number	YES <input type="checkbox"/> NO <input type="checkbox"/>
Private Property Permission	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fee	
Permit Expiration Date	
Give Event packets furnished by KDOR to vendor	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Give application to City Clerk	
Special Event Permit Report to KDOR	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

X

Signature of Staff Approval