



CITY OF HAYSVILLE

PO Box 404
200 W. Grand
Haysville, KS 67060
Phone: 316/529-5900 | Fax: 316/529-5925
www.haysville-ks.com

Mobile Food Vendor License Application

***Submittal of a City of Wichita Mobile Food Vendor License does not guarantee approval of your application.*

APPLICANT INFORMATION

Full (Legal) Name:	Date of Birth:
Permanent Address:	Applicant Phone:
City, State, ZIP:	Email:
Contact Name (if different from above):	Contact Phone:

BUSINESS INFORMATION

Registered Business Name:	Business Phone:
DBA Name:	Additional Phone:
KS Food Establishment #:	KS Sales Tax #:
Business Address:	City, State, ZIP
Mailing Address:	City, State, ZIP
Food and/or beverages to be offered for sale:	
Have you ever had a mobile vending license or other similar license or registration revoked or suspended under the Code of the City of Haysville or any similar laws of any other city or state? <input type="checkbox"/> Yes <input type="checkbox"/> No	

VEHICLE INFORMATION

Make:	Type:
Owner Name:	VIN:

APPLICANT MUST INCLUDE:

- Proof of general liability insurance covering the mobile vending operation and vehicle.
- Copy of valid Kansas 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.
- Payment of the appropriate fee for the below specified registration period (select one)
 - One Month - \$25 Beginning Date: _____
 - Six Months - \$125 Beginning Date: _____
 - One Year - \$200 Beginning Date: _____

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 Haysville or by any department, officer, or elected or appointed official of the City.

The applicant understands that all Mobile Food Vendor vehicles must be annually inspected by the Sedgwick County Fire Department prior to license issue.

No person whose duties include working upon the premises of the Mobile Food Vendor vehicle 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 Mobile Food Vendor vehicle is not in use, it will be stored or parked in compliance with all ordinances and regulations of the City of Haysville and that failure by the applicant to legally store the vehicle may result in the suspension or revocation of the applicant's license.

I, _____, 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 Chapter 5 of the Haysville Municipal Code and certify that the information and answers herein contained are complete and true to the best of my knowledge.

Signature of Applicant

Date

OFFICE USE ONLY				
Date/Time Application Received: _____		Fee: _____		Receipt #: _____
	Approved	Disapproved	Reason	Date
Chief of Police				
Zoning Administrator				
City Attorney				
The information provided on this application and attached hereto is found to be complete and satisfactory in accordance with the requirements of Chapter 5, Article 16 of the Haysville Municipal Code and a permit may hereby be issued. City Clerk or Designee: _____ Date: _____ License #: _____ Term: _____ Exp. Date: _____				