

Mobile Food Vendor License Application

APPLICANT INFORMATION						
Last Name:		First Name:		Middle Name:	Social Security Number:	
Date of Birth:		Place of Birth:		Business Name:	Kansas Sales Tax Number:	
Permanent Address	Street:			City:	State:	Zip:
Mailing Address	Street:			City:	State:	Zip:
Business Phone:		Alternate Phone:		E-Mail Address:		
Have you had a Mobile Food Vendor's License, or any similar license, revoked within the preceding two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No						
License plate numbers of all mobile food units, if applicable:						
Provide a brief description of the nature of the business and the food and/or non-alcoholic beverages to be offered for sale:						

I have read a copy of Chapter 5, Article 4, of the Code of the City of De Soto, and all requirements therein have been met. I understand that any misrepresentation or false statement in the above answers may constitute cause for denial or revocation of this license. Fees paid for processing this application are not refundable or prorated in the event this license is denied, revoked, or issued for a partial year.

- PLEASE INCLUDE:**
- \$25.00 Fee (license valid up to a one year, expiring Dec. 31st), not pro-rated
 - Copy of your government-issued photo identification
 - Photograph of each Mobile Food Unit
 - Copy of a valid State of Kansas license for food service establishments, if such is required
 - Proof of general liability insurance in the amount of \$500,000.00 or more

 APPLICANT'S NAME (Printed) APPLICANT'S SIGNATURE TODAY'S DATE

MOBILE FOOD VENDOR LICENSE APPLICATION APPROVAL (Office Use Only)			
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No _____			
City Clerk	Date Approved	License Number	