



# LINDSBORG

KANSAS

## CITY PERMIT

101 S. Main Lindsborg, KS 67456

(785) 227-3355

\_\_\_\_ Individual Proprietorship

\_\_\_\_ \$25 Single Day Application Fee

\_\_\_\_ Partnership (Business) \_\_\_\_\_

\_\_\_\_ Special Event \_\_\_\_\_

**Vendors must contact City Hall prior to setup.**

### APPLICANT INFORMATION

Name	Phone
Address	Zip Code
City, State	
Email	Date of Birth
Contact Name (If different from application)	Phone

### Business Information

Business Name	Phone
DBA Name	Hours of Operation
KS Sales Tax Number*	Health Inspection documents*
KS Food Establishment Number*	Have you ever been denied a permit to operate? Y N If so why
Business Address*	
City, State	Zip Code
Mailing Address	
City, State	Zip Code

### Vehicle Information

Owner Name:	
Type: Truck or Trailer	
Make of Vehicle	License Plate #
Chassis Number: (VIN)	

### Applicant must include:

- Menu of items to be sold.
- Copy of general liability insurance covering the mobile vending operation and vehicle.
- 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 sales tax certificate

- Dimensions of the mobile food vending vehicle to be used to conduct business.

**Waiver of Liability**

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 Mobile Food Vending (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 3.0 of the City of Lindsborg, Kansas, and certify that the information and answers herein contained are complete and true to the best of my knowledge.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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**Official Use Only**

Permit #	Date Issued
Total Fee paid	Date of Expiration
Location of Operation	
Inspected by	