ICE CREAM STREET VENDOR LICENSE APPLICATION

CITY LICENSE
(316) 268-4553

____ Individual Proprietorship
____ Partnership
____ Corporation

$2.00 Per day, per vehicle
$10.00 Per month, per vehicle
$25.00 Per six months, per vehicle

APPLICANT INFORMATION: Complete the information below for the following persons:

- The applicant;
- Individual proprietor (if different than the applicant);
- Each person in a partnership;
- All officers owning any financial interest in the business;

If more space is needed, use the reverse side of this application or attach a separate piece of paper to this application.

Full Name		Phone	
Address		Zip Code	
City, State		Date of Birth	

BUSINESS INFORMATION

Business Name		Phone	
Address			
City, State		Zip Code	

Number of vehicles to be operated: _____

Type of vehicles to be operated: _____

VEHICLE INFORMATION: Complete the following information for each vehicle to be operated. If more room is needed, use the reverse side of this application or attach a separate piece of paper to this application.

Type	
Model	
Motor Number	
Chassis Number (VIN)	
State License Number	

Applicant must submit a copy of Certificate of General Liability Insurance for each vehicle.

_____ _____
Signature of Applicant Date

FOR OFFICIAL USE ONLY

	Approved		Disapproved	Date	
Health					
Police					
Law Department					
License Number		Date Issued		Expiration Date	

(4/13)