



MOBILE FOOD VENDOR
LICENSE APPLICATION

\$ _____ License Fee

Date: _____ (daily)

Applicant Information

Full Name _____ Phone _____

Address _____ City/State/Zip _____

Email _____

Drivers License # _____ Expiration Date _____

Business Information

Business Name _____ Phone _____

DBA Name _____

Mailing Address _____ City/State/Zip _____

KS Sales Tax Number _____

KS Food Establishment Number _____

Vehicle Information

Owner Name _____

Type _____ Make _____ VIN _____

Food and/or beverages to be offered for sale:

Has the applicant ever had a mobile vending license or other similar license, permit or registration revoked or suspended under the Code of the City of Paola or any similar laws of any other city or state?

Applicant must include:

- Proof of general liability insurance covering the mobile vending operation and vehicle with a minimum limit of one million dollars (\$1,000,000), naming the City of Paola as "Additional Insured"
- Copy of valid Kansas driver's license for operation of the class of vehicle identified in the application.
- Copy of current Health Inspection Certificate from the State of Kansas.

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

***** The use of feather banners is prohibited per city code.**

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 607, the Code of the City of Paola, Kansas, and certify that the information and answers herein contained are complete and true to the best of my knowledge.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

License # _____ Date _____

Total Fee: *Annual* _____ (\$250.00)

Daily _____ (\$25.00/day) Expiration Date _____

Health Inspection: Yes ☐ No ☐ Liability Insurance: Yes ☐ No ☐