



Mobile Food Vendor Application

The undersigned hereby makes application for a Mobile Food Vendor License in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 22 Health and Sanitation, Article II, Division 4

New \$60.00 Renewal \$60.00

BUSINESS INFORMATION:

Business Name: _____ Kansas Sales Tax ID: _____
Business Address: _____ City: _____ State: _____ Zip: _____
Business Phone: _____ Email: _____

OWNER/APPLICANT INFORMATION:

Owner/Applicant Name: _____ Owner or Applicant?: _____
Owner/Applicant Address: _____ City: _____ State: _____ Zip: _____
Owner/Applicant Phone: _____ Email: _____

VEHICLE INFORMATION:

Vehicle Description: _____ Make: _____ License Plate #: _____
Location of Business Operation: _____

MAILING ADDRESS:

Business Owner/Applicant Other: _____

PUBLIC INFORMATION RELEASE:

I give my permission to the City of Leavenworth to release the following information:

Business name Business City & State Business Phone Business Email Website: _____

Have you ever had a mobile food vending or other similar license or permit revoked or suspended by the City of Leavenworth or any other city?

Yes or No

APPLICATION MUST INCLUDE THE FOLLOWING:

1. Driver's License of any employee operating a mobile vehicle, specific to class of vehicle
2. Copy of valid food establishment license issued by Kansas Department of Agriculture
3. Commercial general liability insurance for the mobile vending operations with minimum limits of \$1,000,000 combined, single limit for bodily and property damage, each occurrence and \$2,000,000 in the general aggregate. In the description of operations section shall include the following: "Mobile Food Vending" and "City of Leavenworth, its assigned, officers and affiliates are additional insured on a primary and non-contributory basis. Such insurance certificate shall not be cancelled without prior written notice to the City.
4. Copy of written permission signed by property owner for location of mobile food vending

Office Use Only

_____ Date
 _____ Received By
 _____ Kansas Sales Tax ID
 _____ Copy of Driver's License(s)
(specific to class)
 _____ Copy of State Food License
 _____ Certificate of Insurance
 _____ Health Permit
 _____ Business ID
 _____ License ID
 _____ Bill ID
 _____ Health Inspector Approval Annually

By signing, I agree to comply with the City of Leavenworth Ordinances, Rules, or Regulations that govern the license and that all information provided is true and correct. I understand each person engaged in handling or preparation of food or beverage shall obtain a food handler permit. I additionally acknowledge that registration will not be used or represented in any way as an endorsement of the applicant by the city or by any department, officer, or elected or appointed official of the city.

Owner/Applicant Signature: _____ Date: _____

MOBILE FOOD VENDOR LICENSES EXPIRE APRIL 30th OF EACH YEAR

Fees paid are not prorated, refundable or transferable

Office of the City Clerk • City of Leavenworth • 913-682-9201 • 100 N. 5th Street • Leavenworth, Kansas 66048