



**MOBILE FOOD TRUCK APPLICATION**

**Application Fee: \$25 One Week (consecutive days); \$60 One Month (consecutive days); \$200 Six Month (consecutive months); \$400 Annual (expires 365 days from issuance)  
These prices do not include utility hook-ups**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Permanent Address of Applicant \_\_\_\_\_

Permanent Address of Business \_\_\_\_\_

Applicants State or Government Issued ID Card/ Driver's License #: (Provide a Copy) \_\_\_\_\_

Copy of all Employees or Owners Driver's License that will be driving Mobile Food Unit Attached YES  NO

Name of Owner of Mobile Food Unit \_\_\_\_\_

Type of Vehicle of Mobile Food Unit \_\_\_\_\_

Make of Vehicle of Mobile Food Unit \_\_\_\_\_

Date(s) for which License is Desired \_\_\_\_\_

Address or Description of Location and Nature of the Business: \_\_\_\_\_

Description (with dimensions) of any temporary structure(s) to be erected, constructed and Used by all Persons or Employees:

Do you have a current Sales Tax License? (Provide a Copy) YES  NO

Do you have a Food Service Permit Issued by the State of Kansas? (Provide a Copy) YES  NO

Do you have General Liability Insurance for the Mobile Vending operation with minimum limits of \$500,000 combined, single limit for bodily and property damage, each occurrence and \$1,000,000 in the general aggregate, written by an insurance carrier licensed to do business in Kansas? Evidence of compliance with these insurance requirements shall be in the form of a Certificate of Insurance that shall be submitted with the application. Such insurance certificate shall be cancellable without prior written notice to the City. (Provide a Copy) YES  NO

If you will be on private property, do you have written permission from the property owner? (Provide a Copy) YES  NO  N/A

By signing below, I certify that I have never had a mobile vending license or other similar license, or registration revoked or suspended by the city of Clearwater or any other city. Such a revocation or suspension may result in the city's refusal to process the requested license. I understand and agree that the license will not be used or represented in any way as an endorsement of the applicant by the city of Clearwater, Kansas or by any department, officer, or elected, or appointed official of the city. No one has been convicted of any felony or misdemeanor of any kind within the past two years of the signed date below. Including myself and employees/owners. I certify that all the above information is true and correct.

Send application to [czollinger@clearwaterks.org](mailto:czollinger@clearwaterks.org) or return to City Hall 129 E Ross Clearwater



Signed \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY

Driver's License of Applicant	YES <input type="checkbox"/> NO <input type="checkbox"/>
Driver's License of All Drivers	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Sales Tax License	YES <input type="checkbox"/> NO <input type="checkbox"/>
Food Service Permit	YES <input type="checkbox"/> NO <input type="checkbox"/>
Insurance	YES <input type="checkbox"/> NO <input type="checkbox"/>
Private Property Permission	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fee	
Permit Expiration Date	

X

\_\_\_\_\_  
Signature of Staff Approval