

**MOBILE FOOD VENDOR  
ITINERANT MERCHANT LICENSE APPLICATION**



Date: \_\_\_\_\_

1. Name of Business: \_\_\_\_\_

2. Names, Address and Date of Birth of all who will be working under this license.  
Please provide copies of Driver's Licenses or State issued ID's. *(continue on back if needed)*

Name	Address	DOB	Dr License #
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2. Have any of the above mentioned been convicted of a felony? If yes, explain.

3. Kansas State Sales Tax Certificate # *(must be attach copy)*

4. Briefly describe with dimensions of any structures used.

5. Briefly describe the nature of the business.

6. Location where business will be conducted. *(Must provide written permission from property owner.)*

7. Trade references (past customers)

Name	Address
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8. Period of time for which license is to be issued:

9. Fee (\$50 per day/\$200 per month/\$600 per year)

Applicant signature

Date

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*For office use only*

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CITY ADMINISTRATIVE  
CENTER  
301 N. 8<sup>TH</sup>  
P.O. Box 998  
GARDEN CITY, KS  
67846-0998  
620.276.1160  
FAX 620.276.1169  
[www.garden-city.org](http://www.garden-city.org)

Receipt #	City Clerk
License#	Police Dept.
Dates Valid	Inspections