



## Mobile Food or Event Vendor License Application

APPLICANT INFORMATION				
Last Name:		First Name:	DL or ID Number:	
Date of Birth:		Business Name:		Kansas Sales Tax Number:
Permanent Address	Street:		City:	State: Zip:
Mailing Address	Street:		City:	State: Zip:
Business Phone:		Alternate Phone:	E-Mail Address:	
Have you had a Mobile Food or Event Vendor's License, or any similar license, revoked within the preceding two (2) years? Yes <input type="checkbox"/> No <input type="checkbox"/>				
License plate numbers of all mobile food units, if applicable:				
Provide a brief description of the nature of the business and items for sale:				

I have read a copy of Chapter 3, Article IX, of the Code of the City of Herington and all requirements therein have been met. I understand that any misrepresentation or false statement in the above answers may constitute cause for denial or revocation of this license.

**PLEASE INCLUDE:**

- ☐ \$2 or \$15 Fee (license valid up to a one year, expiring Dec. 31<sup>st</sup>), not pro-rated
- ☐ Copy of your government-issued photo identification
- ☐ Photograph of each Mobile Food Unit
- ☐ Copy of a valid State of Kansas license for food service establishments, if such is required
- ☐ Proof of general liability insurance in the amount of \$500,000.00 or more

\_\_\_\_\_  
APPLICANT'S NAME (Printed)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

MOBILE FOOD or EVENT VENDOR LICENSE APPLICATION APPROVAL (Office Use Only)			
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No _____			
City Clerk		Date Approved	License Number