



MOBILE FOOD VENDOR LICENSE APPLICATION

Mobile Food Vendor License Fee: \$200.00

Date of Application: _____ Date(s) of Event: _____

Location of Mobile Food Unit: _____ Mobile Unit License Plate #(s): _____

Name of Company: _____

Mailing Address of Company: _____

Business Telephone: _____ Cell Phone: _____ Home Phone: _____

Applicant's Full Name: _____ Applicant's Social Security #: _____

Applicant's Date of Birth: _____ Applicant's Place of Birth: _____

Applicant's Permanent Address: _____

State of Kansas Sales Tax Number: _____ **Abilene Sales Tax Rate = 8.75%**

Brief description of nature of the business and the food and/or beverage offered for sale:

This license shall be approved/denied within five (5) working days of the application being received. The license will be valid for a period not to exceed one year and shall expire on December 31st of the year in which it was issued.

Approval of Police Department: _____ Date: _____

Approval of City Clerk: _____ Date: _____

- A copy of the applicant's government-issued photo identification is required.
- A photograph of each Mobile Food Unit shall be provided.
- A copy of a valid State of Kansas License for Food Service Establishments is required.
- Proof of General Liability Insurance in the amount of \$500,000.00 or more is required.

I, as a Mobile Food Vendor, within the city limits of Abilene, Kansas, do hereby agree to comply with all provisions of all ordinances and laws now in force. I hereby understand that prior to the issuance of said license, the application shall be reviewed as necessary by the Abilene Police Department. I, as a Mobile Food Vendor, have not had a Mobile Food Vendor's License, or any similar license, revoked in this jurisdiction within the preceding two (2) years. I will display my Mobile Food Vendor's License in a prominent place on my Mobile Food Unit at all times.

Signature of Mobile Food Vendor Applicant

Date