



# Ice Cream Vendor Application

The undersigned hereby makes application for a Ice Cream Vendor License in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 22 Health and Sanitation, Article II, Division 5

### BUSINESS INFORMATION:

New \$60.00  Renewal \$60.00

Business Name: \_\_\_\_\_ Kansas Tax I.D. \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### OWNER/APPLICANT INFORMATION: (Circle whether owner/applicant or both)

Owner/Applicant Name: \_\_\_\_\_  
Owner/Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Owner/Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### VEHICLE INFORMATION:

Vehicle Description: \_\_\_\_\_ Make: \_\_\_\_\_ Registration #: \_\_\_\_\_  
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  Address, City & State  Business Phone  Business Email  Website: \_\_\_\_\_

Have you ever had a ice cream vending or other similar license or permit revoked or suspended by the City of Leavenworth or any other city? Yes No

Are you required to register pursuant to the Kansas Offender Registration Act, K.S.A. 22-4901 et seq., or pursuant to an offender registration act of any state? Yes No

Have you been convicted in the past 5 years of a misdemeanor or ordinance violation involving force, violence, deceit, or fraud? Yes No

Have you been convicted in the past three year of any law prohibiting leaving the scene of an accident; driving under the influence of alcohol or drugs; reckless driving; fleeing or eluding a police officer; driving while license is suspended or revoked; failure to report an accident; or five or more traffic violations (not including parking violations)? Yes No

Have you been convicted of a felony? Yes 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 the state of Kansas Department of Agriculture
3. Commercial general liability insurance for the mobile vending operation 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: "Ice Cream Vendor" 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.

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

#### Office Use Only

\_\_\_\_ Received By  
 \_\_\_\_ Kansas Sales Tax ID  
 \_\_\_\_ Copy of Driver's License(s)- Class specific  
 \_\_\_\_ Copy of State Food License  
 \_\_\_\_ COI  
 \_\_\_\_ Food Handler Permit  
 \_\_\_\_ Business Account  
 \_\_\_\_ License Number \_\_\_\_\_ Bill Number  
 \_\_\_\_ Health Permit  
 \_\_\_\_ 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: \_\_\_\_\_

**ICE CREAM VENDOR LICENSES EXPIRE APRIL 30<sup>th</sup> OF EACH YEAR**

**Fees paid are not prorated, refundable or transferable**

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