



For office use only: Licensing Year: _____ License No.: _____ Date Issued: _____
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APPLICATION FOR ICE CREAM VENDOR LICENSE

Name of Company _____

Business Address _____

Equipment & Storage Location, if different _____

Business Owner(s) _____

Address _____ Phone _____

Manager, if different _____

Address _____ Phone _____

Vehicles to be operated:

<u>YEAR</u>	<u>MAKE</u>	<u>TYPE</u>	<u>MODEL</u>	<u>SERIAL NO.</u>	<u>KS TAG NO.</u>

The following must be with this application:

1. General Services inspection form for each vehicle listed above.
2. A copy of the KSDA inspection form.
- *CONTACT Kansas Department of Agriculture at 785-296-3511 to schedule your inspection.**
3. Proof of insurance showing coverage of each vehicle listed above.
4. Appropriate license fee plus fee per vehicle).

Any vehicles put in service after approval of this application must be inspected, registered with this office and approval to operate given prior to use.

I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business. I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application.

Date _____ Signature _____

Amount Paid \$ _____ Date _____ Receipt No. _____ Received by _____

Zoning Certificate

This is to certify that the above described property is zoned _____ and does/does not comply with the provisions of the zoning regulations of the City of Salina for the proposed use. Approved/Disapproved.

Date

Planning Department

Approved/Disapproved

Date

City Clerk
