

The undersigned hereby makes application for a street vendor license in the City of Downs, Kansas under the provisions of City Code Chapter 5 Section 5-202. License shall commence and endure from January 1 to December 31.

ippiioune miermanen	Appl	icant	Inform	ation
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Full Name:		Phone:			
Permanent Address:		City	/State/Z	Cip:	
Email:		Driver's License:			
Have you been convicted of a felo	ony or misdemea	nor within the last 2 years (no	ot inclue	ding minor traffic violations) or	
violation of any municipal law re	gulating peddlers	s, solicitors, or canvassers?	Yes	No	
If yes, state the nature of the offer	nce and the punis	shment assessed therefore, if	any and	the city and state where conviction	
occurred:					
Business Information Business Name:		Mailing Address:			
Description of goods sold:					
KS Sales Tax Number:					
Vehicle Information					
Vehicle Type:	Make:	Model:]	License Plate #:	
Application Must Include: 1. Application Fee \$25.00 2. Copy of Valid Driver's L	icense				

- 3. Proof of valid Kansas food truck sales tax registration certificate
- 4. Proof of valid food establishment license issued by Kansas Department of Agriculture (KDA)

By signing, I agree to comply with the City of Downs Ordinances, Rules, and/or Regulations that govern the license and that all information provided is truthful and correct. I acknowledge that registration will not be used or represented in any way as an endorsement of the applicant by the city, by any department officer or by elected or appointed official of the city.

Owner/Applicant Signature	Printed Name	Date	
Permit #	This day of	, 202	
Approved			
Denied	Governing Body Signature		
Form approved by council 7/17/2023			