

CITY OF HAYSVILLE, KANSAS

ICE CREAM VENDOR'S LICENSE APPLICATION

I hereby apply to the City of Haysville, Kansas, for an Ice Cream Vendor's License for the period from January 1, 20____, to December 31, 20____, under the provisions of Chapter 5, Article 9 of the Haysville Code.

1. Applicant Information

Name of Applicant:

Spouse's full name:

Applicant's: Date of birth:

Age:

SSN:

Driver's License Number
& State

Insurance Policy
Number and Company

Current RESIDENTIAL address:

City:

State:

ZIP Code:

Mailing address if different than above:

City:

State:

ZIP Code:

Home Phone:

Mobile Phone:

2. Business Information

Name of Business:

Business address:

City:

State:

ZIP Code:

Business Phone:

Premises Owner Phone:

Business Type: Individual Proprietorship _____, Partnership _____, Corporation _____.

ALL persons having a financial interest of any kind in the business MUST be listed below. If more space is needed attach a separate sheet of paper.

Name of Person with Interest:

Type of Financial Interest

SSN

Residential Address:

City:

State:

ZIP Code:

3. Employees. Provide the following information for each employee that will be working within the City of Haysville. Use an additional sheet if necessary. I agree to update throughout the term of this license as this list should change.

Name	Address	Phone	SSN#	D/L# & State	Birth Date
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1.

2.

3.

4.

4. Vehicle Information. Attach an additional sheet if necessary. I agree to update this information throughout the term of this license.

NUMBER OF VEHICLES TO BE OPERATED WITHIN HAYSVILLE? _____

MAKE	MODEL	LICENSE TAG #	TYPE OF VEHICLE
1.			
2.			
3.			

5. Criminal History of Applicant

Within the past TWO years, have you ever been convicted of:

- 1) Felony? Yes _____ No _____
- 2) A crime of Moral Turpitude? Yes _____ No _____
(moral turpitude includes any act associated with prostitution, pandering, crimes opposed to decency, gambling)
- 3) Drunkenness? Yes _____ No _____
- 4) Driving under the influence of intoxicating substance? Yes _____ No _____

If the answer to any part of this section is "Yes" explain (use a separate sheet if necessary):

6. Certification

I certify that I am the applicant seeking this license, that all foregoing information is true and I am aware that any falsification on this form and any attachments hereto is cause for revocation of the permit issued as a result thereof. I hereby agree to be the responsible party for any violation of the Code associated with this license.

Signature of applicant: _____

Date: _____

7. Agreements

I, hereby agree to comply with all of the ordinances of the City of Haysville and the laws of the State of Kansas, and all the rules and regulations prescribed by the City, and I agree to notify the City immediately if any information provided on this application shall change at any time prior to or during the term of the permit, and do hereby further consent to the immediate revocation of my establishment license, by the proper officials, for any violation of such laws, rules and regulations.

Signature of applicant: _____

Date: _____

I authorize the verification of the information provided on this form AND agree to permit an investigation of my business premises, tenant history, and criminal background, by or on behalf of the City of Haysville, Kansas, for the limited purpose of validating this application, as provided by the State of Kansas and the City of Haysville, Kansas.

Signature of applicant: _____

Date: _____

This document must be acknowledged by a Notary Public before submission to City of Haysville, Kansas.

STATE OF KANSAS)
)
SEDGWICK COUNTY)

SS

The foregoing Application for License or Permit was acknowledged before me this _____ day of _____ A.D., 20____ by the individual listed above as the Applicant, and who signed as Applicant, who appeared before me and are personally known by me to be the parties named in the foregoing document.

Notary Public _____

SEAL

My Appointment Expires: _____