



City of McPherson
Itinerant Merchant / Food Truck License

For Office Use Only
License # _____
Date Issued: _____

Business Name: _____

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Alternative Phone Number:** _____

Email Address: _____

Business References: _____

Name	Address	Phone Number
-------------	----------------	---------------------

Name of manager in charge at location: _____

Date of Birth: _____ **Drivers License Number:** _____

Home Address: _____ **Phone Number:** _____

Has the manager ever been convicted of any crime, misdemeanor or violation of any ordinances (other than minor traffic violations.) Nature of Offenses: _____

Date, City and State where conviction occurred: _____

Kansas Sales Tax Number: _____

Kansas Food Establishment Number: _____

Vehicle Information:

Owner Name: _____

Type & Year: _____ **Make:** _____ **License #:** _____

Nature of business, food and/or beverages to be offered for sale:

Date of Event and Location: _____

Applicants must include manager name, roster of names to be employed by applicant and copies of their driver's licenses. Rigs must be inspected by McPherson Fire Department on a yearly basis.

Applicant Signature

Date