



215 S. Broadway, Louisburg, KS 66053  
913-837-5371 · louisburgkansas.gov

### VENDOR PERMIT APPLICATION

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

Application Fee: \$25

I hereby give consent to a background search. A background search may include, but not be limited to, a criminal history inquiry, employment records, credit records and other pertinent information. I understand that I must provide my full name, date of birth, driver's license number and a copy of the license, and any alias or other name(s) by which I have been known. I understand this search will be conducted prior to the issuance of a vendor/solicitor's permit.

**Applicant Information:** *(Please print)*

Name: \_\_\_\_\_ Home address: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Have you ever been convicted, even if expunged, of a felony or of any offense involving violence or threats of violence, possession or use of a weapon, theft, fraud or sexual misconduct? **Yes or No (Circle one)** If you answered yes, give details on reverse of this page; include charges, dates and places of conviction and whether you are currently on probation, parole or any other form of supervision.

**Vehicle Information:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Plate No. \_\_\_\_\_ State Issued: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Business Information:**

Check the type of License applying for  Food Truck  Other: \_\_\_\_\_

- All vendors must be located on a commercial property lot and have permission of the lot owner.
- Vendors must provide address and contact information for those commercial locations in which they plan to operate.
- Food vendors must provide a copy of the Kansas Food Establishment License.

Nature of Business and/or goods to be sold: \_\_\_\_\_

Company name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

How long have you been employed or engaged in the business: \_\_\_\_\_ KS Sales Tax # \_\_\_\_\_

Commercial lot location you plan to use: \_\_\_\_\_

Address/Contact of property owner: \_\_\_\_\_

**I, Employer of the above business do hereby authorize the applicant to represent the employer in conducting business.**

\_\_\_\_\_  
Business Owner (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Office Use Only:**

Permit # \_\_\_\_\_ Approved: \_\_\_\_\_ Expires: Dec. 31, 20\_\_\_\_