



City of La Cygne  
206 N. Commercial St. La Cygne, KS 66040  
(913) 757-2144 - cityoflacygne.org

## **Mobile Food Truck Permit Application**

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

Daily Fee: \$10.00

### **Applicant Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

### **Vehicle Information:**

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

Color: \_\_\_\_\_ Plate Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Registered Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

### **Business Information:**

Name of Business: \_\_\_\_\_

Briefly describe the nature of the business:

\_\_\_\_\_

Kansas State Sales Tax #: \_\_\_\_\_ (Must attach a copy)

### **Location Information:**

Address: \_\_\_\_\_ La Cygne, KS 66040

Property Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_



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**Permit Requirements:**

- All vendors must be located in parking area of a commercial zoned or public zoned lot and have written permission from the lot owner.
- Vendors must provide address and contact information for those commercial zoned or public zoned lots in which they plan to operate.
- No parking on KS HWY 152 is allowed.
- Vendors shall provide a copy a valid driver's license and insurance.
- All employees working on the food truck must be listed in the application.
- Vendors must provide a copy of the Kansas Food Establishment License.
- Vendors must display the permit issued by the City of La Cygne.
- Vendors must leave the area free of debris and in good condition.
- No outdoor permanent seating is allowed.
- Vendor may not remain overnight and all trucks must be self-sustaining.
- The City of La Cygne reserves that right revoke the permit at any time for failing to meet the permit requirements.

**By execution of my signature, I do hereby officially apply for a Mobile Food Truck permit and have read and agree to the requirements as indicated above. Furthermore, I declare under penalty of false statement that to the best of my knowledge and belief the statements made herein are correct and true.**

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

\_\_\_\_\_  
Date

----- FOR OFFICE USE ONLY -----

Permit # \_\_\_\_\_ Total days of business: \_\_\_\_\_ Total Fee: \_\_\_\_\_

\_\_\_\_\_  
Codes Enforcement Officer

\_\_\_\_\_  
Date