



MOBILE FOOD PERMIT APPLICATION
THE CITY OF EMPORIA
PLANNING AND ZONING DEPARTMENT

AN APPLICATION FORM MUST BE SUBMITTED FOR MOBILE FOOD VENDOR.
ATTACH A COPY ALL VALID STATE HEALTH LICENSES AND PERMITS.
PERMIT GOES WITH THE VENDER, NOT THE LOCATION.

VENDER OWNER/OPERATOR:
NAME OF OPERATION/BUSINESS:
PHONE: ADDRESS:
EMAIL:

ADDRESS OF LOCATION *: ZONING DISTRICT:
PROPERTY OWNER NAME: NAME OF BUSINESS:
PHONE: ADDRESS:
DATES:

*MUST HAVE PROPERTY OWENER APPORVAL PRIOR TO SUBMITTING PERMIT (or
email/phone approval)
*Property Owners Signature:

Applicant Signature:

I, the applicant, of lawful age, state that upon signing this
application, understand and agree upon the provision set forth in Section 20-6.c.4.4a of
the Emporia-Lyon County Zoning Regulations, and certify that the information and
answers contained are complete and true to the best of my knowledge.

Applicant's Signature: Date:

Zoning Administrator Signature:

Fee: 50.00 per 30 days Receipt #: Date:

Applicant - include the following with the application:

- Proof of a current sales tax license from the State of Kansas or proof of exempt status from state sales tax
• Proof of a current licenses to operate
o Diver License
o Vehicle Insurance
o Proof of general liability insurance covering the mobile vending operation
o Health Department Inspection
• A sketch or drawing of the proposed sales site showing the approximate dimensions of the area being used, the proximity to buildings, parking lots, right-of-ways or other such areas.
• The name, address, telephone number and written permission of the owner, or tenant in possession of the location described in the application, upon which the applicant intends sell products.
• A description of any structure, stand, display prop, or other such item used for the activity, including signs, banners or other attention getting devices.