

**CITY OF LAWRENCE, KANSAS  
ICE CREAM VENDOR LICENSE APPLICATION**

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Phone No. of Company: \_\_\_\_\_

**PERSON (S) DRIVING VEHICLE:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

**TO BE FILLED OUT BY THE HEALTH DEPARTMENT**

APPROVED BY HEALTH DEPT: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSE #. OF TRUCK: \_\_\_\_\_ TRUCK #: \_\_\_\_\_

IDENTIFICATION # OF TRUCK: \_\_\_\_\_