



City of Lawrence

Ice Cream Vendor License Application

COMPANY INFORMATION				
Company Name:				
Company Address	Street:	City:	State:	Zip:
Company Phone:	Alternative Phone:	E-Mail Address:		
VIN Number of Truck:		License Plate Number of Truck:		
PERSON(S) DRIVING VEHICLE INFORMATION				
Last Name:		First Name:	Middle Name:	Driver's License #:
Mailing Address	Street:	City:	State:	Zip:
Home Phone:	Alternate Phone:	E-Mail Address:		
Last Name:		First Name:	Middle Name:	Driver's License #:
Mailing Address	Street:	City:	State:	Zip:
Home Phone:	Alternate Phone:	E-Mail Address:		
Last Name:		First Name:	Middle Name:	Driver's License #:
Mailing Address	Street:	City:	State:	Zip:
Home Phone:	Alternate Phone:	E-Mail Address:		

I HAVE READ A COPY OF ARTICLE 3, CHAPTER 9, OF THE CODE OF THE CITY OF LAWRENCE, AND ALL REQUIREMENTS THEREIN HAVE BEEN MET. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSE STATEMENT IN THE ABOVE ANSWERS WILL CONSTITUTE CAUSE FOR REVOCATION OF THIS LICENSE. FEES PAID FOR PROCESSING THIS APPLICATION ARE NOT REFUNDABLE OR PRORATED IN THE EVENT THIS LICENSE IS NOT APPROVED OR REVOKED FOR ANY REASON.

PLEASE INCLUDE: \$25.00 Fee (license is for a six month period, expiring June 30th & Dec. 31st)

APPLICANT'S NAME (Printed)

APPLICANT'S SIGNATURE

TODAY'S DATE

ICE CREAM VENDOR LICENSE APPLICATION APPROVAL (Office Use Only)	
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy Forwarded to Health Dept. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ City Clerk	_____ Date Approved