



**STREET & SIDEWALK VENDOR
LICENSE APPLICATION**

Allow 10 business days for approval

CITY LICENSE 455 N. Main-1st Floor Wichita, Ks 67202
(316) 268-4553

- _____ \$6.25 per day, per vehicle
- _____ \$31.75 per month, per vehicle
- _____ \$137.50 per six months, per vehicle
- _____ \$250.00 per year, per vehicle

BUSINESS INFORMATION:

BUSINESS NAME		PHONE #	
BUSINESS ADDRESS			
ZIP CODE		STARTING DATE	
TYPE OF MERCHANDISE		ENDING DATE	

APPLICANT INFORMATION (must be completed by person signing application):

APPLICANT NAME		PHONE #	
HOME ADDRESS			ZIP CODE
CITY, STATE		DATE OF BIRTH	
EMAIL			

Complete the following for any additional people, who will be riding in the same vehicle-if more room is need, list on back:

NAME		DATE OF BIRTH	
HOME ADDRESS			CITY, STATE, ZIP

NAME		DATE OF BIRTH	
HOME ADDRESS			CITY, STATE, ZIP

NAME		DATE OF BIRTH	
HOME ADDRESS			CITY, STATE, ZIP

I, _____, the above named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. In addition, I have read and understand all rules and regulations as set out in the City Code of Wichita. Furthermore, I hereby agree to comply with all of the laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita and I consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules or regulations.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE