



Food Truck Permit Application

_____ \$25 (limited to 3 continuous days)

Applicant Information:

Full Name -	Phone -
Address -	Zip Code-
City/State-	Date of Birth-
Email -	
Contact Name if different from applicant-	

Business Information:

Business Name-	Phone-
KS Food Establishment # -	
Business Address-	
City/State-	Zip Code-
Mailing Address-	
KS Sales Tax Number -	

Vehicle Information:

Owner Name-
Plate Number-
Make-
VIN-

BARTON

COMMUNITY COLLEGE

Type of Food/Beverages to be offered for sale: _____.

Is your mobile food unit equipped to sell hot food? _____.

Fuel Source for your mobile food unit (propane/generator)? _____.

Dates requested: _____.

Time of Operation: _____.

Applicants must include:

- Proof of general liability insurance covering the mobile operation in the amount of a minimum of \$1,000,000.
- Proof of liability insurance covering the vehicle/trailer.
- Copy of valid driver's license.
- Confirmation that the food truck will be totally self-contained.

The applicant understands and agrees that the Food Truck Permit will not be used or represented in any way as an endorsement of the applicant by Barton County Community College.

Location of the Food Service Unit on campus will be determined by the Director of Facility Management. When the mobile food unit is not in use (if left on premise overnight), the unit will be secured.

I, _____, the applicant, state that upon signing this permit Application, I agree to the statements above and understand there is a \$25 application fee (available for up to three days continuous use). All documentation and the required payment must be received prior to reviewing the application. Application fee is non-refundable.

Signature of Applicant

Date

Approved

Denied

Reviewers Signature