

DATE \_\_\_\_\_  
REC. NO. \_\_\_\_\_  
FEE \$ \_\_\_\_\_  
LIC. NO. \_\_\_\_\_  
APPROVED \_\_\_\_\_

**CITY OF EMPORIA  
VEHICULAR VENDORS LICENSE  
FEE: \$25.00 FIRM LICENSE  
\$10.00 EACH VEHICLE**

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

RESIDENT OF STATE OF KANSAS \_\_\_\_\_ HOW LONG \_\_\_\_\_

LIST OF VEHICLES TO BE USED BY:

TYPE OF VEHICLE \_\_\_\_\_

MOTOR NUMBER \_\_\_\_\_ LICENSE TAG NUMBER \_\_\_\_\_

(PLEASE LIST ADDITIONAL VEHICLES ON BACK OF THIS FORM)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPROVAL BY:

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Officer

\_\_\_\_\_  
Date