



300 E Maple St  
Columbus, KS 66725  
Phone: (620) 429-2159  
Fax: (620) 429-1159

### Street/Transient Merchant/Food Truck Permit Application

The undersigned hereby request the temporary street/transient merchant and/or food truck activities within the City Limits of Columbus, KS:

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address At Which Business Activities Will Occur: \_\_\_\_\_

Please check this box if this application is for a food truck:

Otherwise, please briefly describe the nature of the business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State Sales Tax ID # (if applicable): \_\_\_\_\_

Please indicate the dates/hours of operation: \_\_\_\_\_

\_\_\_\_\_

**Please included a photocopy of state-issued Driver’s License or Identification Card for the responsible party associated with this application. Food trucks and vendors must abide by all relevant health department codes.**

*By signing below, I hereby certify that all the information provided above is true and correct. If circumstances change, I understand that I must contact Columbus City Hall ahead of the planned activities.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_