



CITY OF HAYSVILLE
Ice Cream Vendor Vehicle Safety Inspection

Applicant: _____

Address: _____

City, State, ZIP Code: _____

Phone #: _____ Email: _____



<input type="checkbox"/> Make of Vehicle _____	<input type="checkbox"/> Model # _____
<input type="checkbox"/> Year _____	<input type="checkbox"/> License # _____
<input type="checkbox"/> Brakes _____	<input type="checkbox"/> Parking Lights _____
<input type="checkbox"/> Headlights _____	<input type="checkbox"/> Glass _____
<input type="checkbox"/> Horn _____	<input type="checkbox"/> Back-up Alarm _____

Is there a clearly marked sign visible from both the front and rear with the wording "Caution-Children" marked on this vehicle? Yes No

If inspection is not satisfactory, please indicate reason(s):



The above said vehicle is suitable from the standpoint of safety for the conduct of an ice cream street vending business and all state and local ordinances relating to safety have been complied with.

Haysville Police Department

Date