

ICE CREAM VENDORS

ISSUANCE OF PERMITS

Each Ice Cream Vendor soliciting in the City of Conway is required to obtain a permit and must display their permit at all times.

TO OBTAIN A PERMIT

1. Submit completed application along with all required documentation to the City of Conway City Clerks Office, City Hall, 1st Floor, 1201 Oak St.; Conway, AR 72032.
2. Copy of Arkansas Drivers License
3. Proof of automobile insurance according to state law.
4. Proof of criminal background check as a condition of application.
5. Permit fee - \$25.00 for the first person/vendor and \$10.00 for each additional permit. Permits are issued for a one (1) year period. Replacement permits are \$10.00 each. Fees are nonrefundable.
6. Health Permit is required for ice cream vendors serving any non pre-package items. (811 Northcreek Dr; Conway, AR 72032. Ph # 501-450-4941)

SAFETY EQUIPMENT FOR ICE CREAM TRUCKS

- a) Signs stating "WATCH FOR CHILDREN" must be provided on the front, back and both sides of the vehicle in at least four (4) inch letters of contrasting colors.
- b) The company name, address and phone number must be on both sides of the vehicle in at least three (3) letters of contrasting colors.
- c) A serving window, capable of being closed when not in use, must be provided and must be located on the curbside only.
- d) Left and right outside rear view mirrors as well as two additional outside wide-angle mirrors on the front and back of the vehicle must be provided to enable the driver to see around the entire vehicle.
- e) Operable yellow or amber flashing hazard lights clearly visible not less than 100 yards from the mobile unit under average daylight conditions shall be provided. Such lights shall be mounted no more than 12 inches below the roof of the mobile unit. No fewer than two lights shall be visible from each approach.
- f) A rear bumper cover shall be installed to prevent children from standing or jumping on the rear of the vehicle.

ADDITIONAL REQUIREMENTS

LOCATION

- a) Mobile ice cream trucks are permitted to vend in an area for no more than 15 minutes, then they must move to another location.
- b) Mobile ice cream vending is prohibited within City of Conway parks, unless the vendor has applied for and received a franchise permit for such activity.
- c) Mobile ice cream trucks shall not vend within one block of any block containing an elementary or junior high school during school hours or within one hour before or after school hours on a day that school is scheduled to be in session.
- d) Mobile ice cream trucks shall not vend within 100 feet from an intersection.

HOURS OF OPERATION

- a) Mobile ice cream vending may only occur from 10:00 am to one-half hour before sunset.

USE OF SOUND EQUIPMENT

- a) Use of sound equipment shall be limited to music or human speech.
- b) Sound shall not be audible more than 100 yards from the truck. Sound shall be in violation of city or state noise or nuisance ordinances or statutes.
- c) Sound equipment may only be used from 10:00 am until one-half hour before sunset.
- d) Sound shall not be broadcast within 100 yards of schools during school hours while school is in session, or within 100 yards of hospitals, churches, courthouses, funeral homes, or cemeteries.
- e) Sound shall be turned off while the vehicle is stopped for vending.

HEALTH AND SAFETY PRECAUTIONS

- a) Vendors shall be in compliance with any and all state, county, or federal health regulations relating to the vending of food drinks, or confections, and shall display any required permits or notices.
- b) Drivers shall check around the vehicle before leaving the area to ensure that children are not remaining. When handling the purchased product to the children, drivers shall make certain traffic is clear, in case a child leaves the truck immediately and fails to observe oncoming traffic.
- c) Child customers shall not be allowed inside the vehicle. This provision shall not apply to children related to the driver while riding with the driver along the sales route.

PENALTIES

- a) The violation of any provision of this ordinance is declared to be an unclassified misdemeanor, punishable by a fine not exceeding five hundred dollars (\$500.00).



ARKANSAS STATE POLICE

ASP-122
(Rev. 07/08)

Identification Bureau Individual Record Check Form

Procedure For Criminal History Check

1. The ASP form 122, Individual Record Check Form, must be completed in its entirety.
2. A check or money order in the amount of \$25.00 made payable to the Arkansas State Police, must be included.
3. If the request is presented in person, the person requesting must present a photo I.D. issued by a government agency.
4. If the request is made by mail, the signature on the ASP form 122 must be notarized.
5. If the request is made by mail, a self-addressed envelope with sufficient return postage must be included.
6. If the request is made in person at our office by a third party, such as an employment agency or employer, the ASP form 122 must be notarized.
7. If the request is required by a particular licensing entity as mandated by state law, such as teachers, health care or police, please contact the appropriate licensing entity to obtain the proper forms and be advised of the correct procedure to obtain a criminal history.

Send requests to:

Arkansas State Police
Identification Bureau
1 State Police Plaza Dr.
Little Rock, AR 72209

To contact the Identification Bureau, you may call 501-618-8500.

SEE OTHER SIDE FOR APPLICATION



Identification Bureau
Individual Record Check Form

Full Name: _____ / _____
First Middle Last Name Maiden/Other

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Mailing Address: _____
Street City State ZIP

Daytime Phone #: (____) _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: _____
(First/MI/Last Name) or Full Name of Agency

Mailing Address: _____
Street City State ZIP

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____

§

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, 20 _____.

Notary Public

- 82004 State Record Check
- 82005 State Record Check