

Michael O. Garrett
Clerk-Treasurer
[*cityclerk@cityofconway.org*](mailto:cityclerk@cityofconway.org)



City of Conway
1201 Oak Street
Conway, Arkansas 72032
501-450-6100
501-450-6109 FAX

Operating as an Ice Cream Vendor in Conway

City of Conway - Ice Cream Vendor Requirements, Application, and 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. All applicants shall submit completed application along with all required documentation to the City of Conway City Clerk's Office, City Hall, 1st Floor, 1201 Oak St.; Conway, AR 72032.
2. All applicants shall submit a copy of their Arkansas Driver's License.
3. All applicants shall provide proof of automobile insurance according to state law with the application for the vehicle they will be vending from.
4. All applicants shall be subject to a criminal background check performed by the Arkansas State Police as a condition of application. This requirement is a separate requirement for the City of Conway, and is not related to a background check an applicant may have done previously for other permits etc.
5. Permit fee - \$25.00 for the first person/vendor/driver and \$10.00 for each additional permit issued to subsequent persons/vendors/drivers. Permits are issued for a one (1) year period and will expire (1) year from the date of issuance. Replacement permits are \$10.00 each. Fees are nonrefundable.
6. Health Permit is required for ice cream vendors serving any non-prepackage items. (811 Northcreek Dr; Conway, AR 72032. Phone # 501-450-4941)
7. If applicant will be selling any products that are "prepared" and not "pre-packaged" food products, the applicant will be required to complete an A&P Tax Permit application which levies a 2% tax on prepared foods. They are attached for your convenience.

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).

These rules and regulations are set forth via ordinances numbers O-07-85, O-07-109, and O-05-142.

City of Conway -Ice Cream Vendor Requirements and Application

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

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2. All applicants shall submit a copy of their Arkansas Driver's License.
3. All applicants shall provide proof of automobile insurance according to state law with the application for the vehicle they will be vending from.
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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)
7. If applicant will be selling any products that are "prepared" and not "pre-packaged" food products, the applicant will be required to complete an A&P Tax Permit application which levies a 2% tax on prepared foods. Application, payment forms, and ordinances are available at Conway City Hall, 1201 Oak Street, Conway, AR 72032 (501-450-6100), emailed, or printed online at www.cityofconway.org – under Departments<City Clerk. They are also attached for your convenience.

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.

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- 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.
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- 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.
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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

CONWAY ADVERTISING & PROMOTION COMMISSION
2% HOTEL & RESTAURANT GROSS RECEIPTS TAX ("A&P TAX")
APPLICATION FOR A&P TAX PERMIT
PLEASE TYPE OR PRINT

1. NAME OF ESTABLISHMENT for which an A&P Tax Permit is sought (As "doing business as" to the public):

PHYSICAL STREET ADDRESS OF ESTABLISHMENT (No P.O. Box):

CITY: Conway STATE: AR ZIP: _____

PHONE AT ESTABLISHMENT: (____) _____ FAX AT ESTABLISHMENT: (____) _____

WEBSITE FOR ESTABLISHMENT: _____

CONTACT PERSON LOCATED AT ESTABLISHMENT: _____

CONTACT PERSON'S TITLE: _____

CONTACT PERSON'S PHONE AT ESTABLISHMENT: (____) _____

CONTACT PERSON'S MOBILE PHONE: (____) _____

CONTACT PERSON'S EMAIL: _____

DATE BUSINESS WILL OPEN _____

2. FULL LEGAL NAME OF BUSINESS that owns the establishment for which an A&P Tax Permit is sought:

CHECK ONE - SOLE PROPRIETORSHIP
 CORPORATION (INC.)
 LIMITED LIABILITY COMPANY (LLC)
 GENERAL PARTNERSHIP (G.P.)
 LIMITED PARTNERSHIP (LTD.)
 LIMITED LIABILITY PARTNERSHIP (LLP)
 OTHER (please detail nature of business) _____

BUSINESS BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

BUSINESS BILLING CONTACT: _____ TITLE: _____

3. SOLE PROPRIETORSHIP INFORMATION (complete only if applicable):

PROPRIETOR'S FULL LEGAL NAME: _____

PROPRIETOR'S SOCIAL SECURITY NUMBER: _____

PROPRIETOR'S EMPLOYER ID NUMBER (EIN): _____

PROPRIETOR'S DATE OF BIRTH: _____

PROPRIETOR'S PLACE OF BIRTH: _____

PROPRIETOR'S HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PROPRIETOR'S HOME PHONE: (____) _____ PROPRIETOR'S FAX: (____) _____

PROPRIETOR'S MOBILE PHONE: (____) _____

PROPRIETOR'S EMAIL: _____

4. ENTITY INFORMATION (INC., LLC, G.P., LTD., LLP, OTHER) (complete only if applicable):

HEADQUARTERS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STATE OF INCORPORATION, FORMATION, OR ORGANIZATION: _____

YEAR OF INCORPORATION, FORMATION, OR ORGANIZATION: _____

HEADQUARTERS PHONE: (____) _____ HEADQUARTERS FAX: (____) _____

EMPLOYER ID NUMBER (EIN): _____

NAME AND TITLE OF EACH OFFICER OF ENTITY: _____

SHAREHOLDER / MEMBER / GENERAL PARTNER INFORMATION: Identify below all shareholders, members, or general partners having a 10% or greater equity ownership interest in the applying entity:

FULL LEGAL NAME of shareholder/member/general partner: _____

CHECK ONE: Shareholder Member General Partner

CHECK ONE: _____ NATURAL PERSON
_____ CORPORATION (INC.)
_____ LIMITED LIABILITY COMPANY (LLC)
_____ GENERAL PARTNERSHIP (G.P.)
_____ LIMITED PARTNERSHIP (LTD.)
_____ LIMITED LIABILITY PARTNERSHIP (LLP)
_____ OTHER (please detail nature of owner) _____

SOCIAL SECURITY NUMBER (only if natural person): _____

DATE OF BIRTH (only if natural person): _____

EMPLOYER ID NUMBER (EIN): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

FULL LEGAL NAME of shareholder/member/general partner: _____

CHECK ONE: Shareholder Member General Partner

CHECK ONE: _____ NATURAL PERSON
_____ CORPORATION (INC.)
_____ LIMITED LIABILITY COMPANY (LLC)
_____ GENERAL PARTNERSHIP (G.P.)
_____ LIMITED PARTNERSHIP (LTD.)
_____ LIMITED LIABILITY PARTNERSHIP (LLP)
_____ OTHER (please detail nature of owner) _____

SOCIAL SECURITY NUMBER (only if natural person): _____

DATE OF BIRTH (only if natural person): _____

EMPLOYER ID NUMBER (EIN): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

FULL LEGAL NAME of shareholder/member/general partner: _____

CHECK ONE: Shareholder Member General Partner

CHECK ONE: _____ NATURAL PERSON
_____ CORPORATION (INC.)
_____ LIMITED LIABILITY COMPANY (LLC)
_____ GENERAL PARTNERSHIP (G.P.)
_____ LIMITED PARTNERSHIP (LTD.)
_____ LIMITED LIABILITY PARTNERSHIP (LLP)
_____ OTHER (please detail nature of owner) _____

SOCIAL SECURITY NUMBER (only if natural person): _____

DATE OF BIRTH (only if natural person): _____

EMPLOYER ID NUMBER (EIN): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

If space is needed to identify additional shareholders / members / general partners, please attach additional sheets as necessary.

5. TYPE OF ESTABLISHMENT (check only one):

A. Lodging Services

Type of Lodging Services facility (check one or more):

Hotel Motel Bed & Breakfast Historic Inn Extended Stay Hostel

Number of guest rooms available to public: _____

Name and seating capacity of each establishment of a type listed in this section five (5) located in facility:

Please attach current or to-be-used menu with prices for each such establishment located in facility.

- | | | |
|--|------------------------|---|
| B. <input type="checkbox"/> Restaurant or Café | Seating Capacity _____ | Please attach current or to-be-used menu with prices. |
| C. <input type="checkbox"/> Cafeteria | Seating Capacity _____ | Please attach current or to-be-used menu with prices. |
| D. <input type="checkbox"/> Delicatessen | Seating Capacity _____ | Please attach current or to-be-used menu with prices. |
| E. <input type="checkbox"/> Concession Stand | Seating Capacity _____ | Please attach current or to-be-used menu with prices. |
| F. <input type="checkbox"/> Convenience Store | Seating Capacity _____ | Please attach current or to-be-used menu with prices. |
| G. <input type="checkbox"/> Grocery Store Restaurant | Seating Capacity _____ | Please attach current or to-be-used menu with prices. |
| H. <input type="checkbox"/> Private Club | Seating Capacity _____ | Please attach current or to-be-used menu with prices. |

6. STANDARD DAYS AND HOURS OF OPERATION (check all that apply):

- Monday - hours of operation _____
- Tuesday - hours of operation _____
- Wednesday - hours of operation _____
- Thursday - hours of operation _____
- Friday - hours of operation _____
- Saturday - hours of operation _____
- Sunday - hours of operation _____
- Seven days a week - 24 hours a day

7. Are or will alcoholic beverages be served at the physical address identified in section one (1) above? YES NO

If YES, please furnish the **Alcohol Beverage Control (ABC)** number or numbers under which the establishment is operating:

____ Beer; ABC number _____
____ Wine; ABC number _____
____ Mixed Drinks; ABC number _____
____ Private Club; ABC number _____

8. If the applicant is either a Restaurant, Café, Cafeteria, Delicatessen, Concession Stand, Convenience Store, Grocery Store Restaurant, or Private Club, please identify the name, address, and phone number of its three (3) top food suppliers based on amount of purchases: _____

9. Does the business identified in section two (2) operate any of the types of establishments listed in section five (5) at any location within the City of Conway other than the physical address identified in section one (1)? YES NO

If YES, please list all locations, names, addresses and A&P Tax Permit numbers on a separate schedule.

10. Is the establishment identified in section one (1) the result of a purchase or assumption of the operations of an existing establishment? YES NO

If YES, provide the name and A&P Tax Permit number of the former establishment and contact Lisa Stephens CPA at 501-327-2834 to determine if any delinquent A & P taxes are due. Permit will not be issued until this information is verified.

Former Establishment Name

Former Establishment A&P Tax Permit Number

11. I DECLARE UNDER PENALTY OF PERJURY THAT THIS APPLICATION (INCLUDING ANY ACCOMPANYING SCHEDULES) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS TRUE, ACCURATE, AND COMPLETE.

Original Signature of Shareholder/ Member/Partner/Officer

Printed Name and Title

Date

QUESTIONS ABOUT PAYMENT OF TAX OR DELINQUENT ACCOUNTS:

Lisa Stephens Certified Public Accountant, PLC
715 Front Street; Conway, AR
PH – 501-327-2834
FAX - 501.327.6663

RETURN COMPLETED FORM TO:

CONWAY ADVERTISING & PROMOTION COMMISSION C/O
Michael O. Garrett, Conway City Clerk 1201 Oak Street;
Conway, AR 72032
PH - 501.450.6100
FAX - 501.450.6109

OFFICIAL USE ONLY

Application ____ Approved ____ Denied

Permit # _____

Date opened on system ____/____/____

Date notice of denial sent ____/____/____

Previous owner's permit # _____

Date previous owner's permit closed on system ____/____/____

Conway Advertising & Promotion Commission Gross Receipts Tax Monthly Report

Read Enclosed Instructions

This report must be received by Conway A & P Commission on/
or before the 20th day of the month (otherwise add penalty as instructed)

A & P Tax Permit No. _____
Issued by City: _____

Business Name: _____

Owner's Name: _____

Address: _____
City State Zip

Payment for the month of _____, Year _____

(Each month must be reported separately. Report must be filed even if NO tax is due.)

Taxable Gross Receipts \$ _____

Tax (2% of gross) \$ _____

Less 2% of tax
(If paid by the 20th of the month) \$ _____

Total \$ _____

Penalty (5% after the 30th day of the month) \$ _____

Total Tax Due \$ _____

Make checks payable to Conway A & P Commission and mail or hand deliver to:

By Mail: Conway A & P Commission PO Box 1404 Conway, AR 72033-1404	OR	In Person: Centennial Bank – Main Office 620 Chestnut Conway, AR 72032
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I hereby state, avow, and affirm that the statements here are full, true, and correct as required by provisions of Ark. Code Ann. 26-75-601 and City Ordinance No. O-05-142, such regulations promulgated thereunder by the Conway Advertising & Promotion Commission.

Date Prepared

Signature of Owner, Officer, or Authorized Agent

COMMENTS OR QUESTIONS PLEASE CONTACT:	
Lisa Stephens Certified Public Accountant, PLC 715 Front Street Conway, AR 72032 (501) 327-2834	OR Michael O. Garrett, Conway City Clerk Conway City Hall (501) 450-6100

INSTRUCTIONS

1. All information supplied in this report should be on the basis of actual records and all records, including books of account, invoices, credit memoranda, refund slips and all other evidence of every kind which substantiate and prove the accuracy of the return as made on this form are required to be kept for (3) three years, and open to examination of Conway Advertising & Promotion Commission, or agent.
2. Unless otherwise specially instructed the total receipts to be reported in this return for the purpose of computation of tax due are the gross receipts from prepared food and drink.
3. Due Date – It is the duty of the Taxpayer to deliver the return on this form and payment to the Conway A & P Commission on or before the 20th day of each month for the preceding calendar month. The A & P Tax is due and payable as of the first day of each calendar month and shall be deemed delinquent if not paid on or before the first day of the next calendar month. (For example; the A & P Tax for January is due the first day of February; however, it is not delinquent until the second day of March.)
4. Discount – If the A & P Tax is delivered to the Conway A & P Commission on or before the 20th day of the month in which it is due, a 2% discount can be claimed on the tax due. (For example; if there is a \$100.00 tax due for the month of January, the taxpayer is allowed a \$2.00 discount if the tax is paid on or before February 20th, or if envelope is postmarked on or before February 20th.)
5. Penalties & Tax – If the tax is not paid by the delinquency date (the second day of the month after the month in which the tax is due), a 5% penalty will be charged for each month past due up to 35% in aggregate; in addition to the penalty assessed simple interest on any unpaid A & P tax shall be assessed at the rate of 10% per annum from the delinquency date.
6. Acceptance by the Conway A & P Commission of the tax remitted with any return shall not be conclusive as to the correctness of the matters set forth by the taxpayer in the return and shall not be finally determinative of the amount of tax liability.
7. A report **must** be filed even if there is no tax due.

COMMENTS OR QUESTIONS PLEASE CONTACT:

Lisa Stephens Certified Public Accountant, PLC
715 Front Street
Conway, AR 72032
(501) 327-2834

OR

Michael O. Garrett, Conway City Clerk
Conway City Hall
(501) 450-6100

ORDINANCE NO. O-07-85

AN ORDINANCE ESTABLISHING AND CLARIFYING REQUIREMENTS FOR MOBILE ICE CREAM VENDORS AND OTHER VEHICLES VENDING PRODUCTS TO CHILDREN; REPEALING ANY ORDINANCES IN CONFLICT; DECLARING AN EMERGENCY; AND FOR OTHER PURPOSES.

WHEREAS, the city council expressly finds that vehicles and hand carts in which ice cream, confections, and other **frozen** dessert products **are** carried for the purpose of retail sale on the public streets has the potential to pose special dangers to the public health, safety, and welfare of children and other residents of the city; and

WHEREAS, these dangers include, but are not necessarily limited to, the conflict between traffic and the **public's** attraction to vehicles or hand carts selling such products; and

WHEREAS, it is desirable to provide responsible companies and individuals who engage in the operation of such vehicles with **regulations** to prevent safety, **traffic**, and health hazards, **as** well as to preserve the peace, safety and welfare of the community.

NOW THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CONWAY, ARKANSAS, THAT:

Section 1. All drivers of ice cream trucks and other vehicles vending products to children shall submit a copy of their commercial driver's license to the city and obtain a permit **from** the office of the city clerk before operating such vehicle. **A** commercial driver's license is required.

Section 2. All **permit applicants shall** provide proof of automobile insurance according to state law along with the application.

Section 3. All applicants shall be subject to a criminal history background check, and shall consent to such check **as** a condition of application. A conviction for **any** offense involving **actual** or attempted homicide, kidnapping, assault or **assaultive** offenses, sexual assault or rape, any

offense requiring **registration** as a sexual offender in **any** state, theft (including robbery or burglary), prostitution or obscenity shall be grounds for disqualification of an applicant.

Section 4. Vendors shall operate with the following safety equipment for ice cream trucks:

(1) Signs stating "WATCH FOR CHILDREN" must be provided on the **front, back,** and both sides of the vehicle in at least four inch letters of contrasting colors.

(2) The company name, address, and phone number must be on both sides of the vehicle in at least three-inch letters of contrasting colors.

(3) A serving window, capable of being closed when not in use, must be provided and must be located on the **curbside** only.

(4) 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.

(5) 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.

(6) A rear bumper cover shall be installed to prevent children **from** standing or jumping on the rear of the vehicle.

Section 5. The following requirements shall apply to mobile ice cream vendors.

(1) 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**.

(2) Hours of operation.

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

(3) 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** a.m. 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.

(4) 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 handing 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.

Section 6. PENALTIES: 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).

Section 7. Any ordinances in conflict herewith are hereby repealed to the extent of that conflict.

Section 8: That this ordinance is necessary for the protection of the peace, health and safety of the citizens of Conway, and therefore, an emergency is declared to exist, and this ordinance shall go into effect from and after its passage and approval.

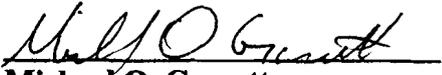
PASSED this 10th day of July, 2007.

Approved:



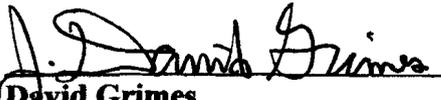
Mayor Tab Townsell

Attest:



Michael O. Garrett
City Clerk/Treasurer

Sponsored by:



David Grimes
Alderman, Ward 1, Position 2

② Same

019517

Doc#2007- 19340

Date 09/14/2007

12:31:48 PM

Filed & Recorded in

Official Records of

Faulkner County

RHONDA LONG

FAULKNER COUNTY CIRCUIT CLERK

Fees \$20.00

by

D. C.

0-07-109

ORDINANCE NO. 0-07-109

294602

tl

AN ORDINANCE AMENDING ORDINANCE O-07-85 THAT ESTABLISHED AND CLARIFIED REQUIREMENTS FOR MOBILE ICE CREAM VENDORS AND OTHER VEHICLES VENDING PRODUCTS TO CHILDREN; REPEALING ANY ORDINANCES IN CONFLICT; DECLARING AN EMERGENCY; AND FOR OTHER PURPOSES.

WHEREAS, the City Council wishes to amend Ordinance O-07-85; relating to the CDL license.

NOW THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CONWAY, ARKANSAS, THAT:

Section 1. Section 1 of Ordinance O-07-85 is amended to read as follows:

All drivers of ice cream trucks and other vehicles vending products to children shall submit a copy of their Arkansas driver license to the city and obtain a permit from the office of the city clerk before operating such vehicle. An Arkansas driver's license is required.

Section 2. All other parts and enumerated paragraphs will remain intact, unamended, and are in full force and effect.

Section 3. That all ordinances in conflict herewith are hereby repealed to the extent of that conflict.

Section 4: That this ordinance is necessary for the protection of the peace, health and safety of the citizens of Conway, and therefore, an emergency is declared to exist, and this ordinance shall go into effect from and after its passage and approval.

PASSED this 28th day of August, 2007

Approved:



Mayor Tab Townsell

Attest:



Michael O. Garrett

City Clerk/Treasurer