

Mobile Food Vendor Permit Application



For Office Use Only	
Approved: <input type="checkbox"/>	Date: _____
Denied: <input type="checkbox"/>	Date: _____
Calendar: <input type="checkbox"/>	Fee: _____
Check #: _____	Cash: <input type="checkbox"/>

APPLICANT INFORMATION

Mobile Food Vendor Date Requested: _____ Non-Profit Event Hosted by _____
A separate permit is required for each date

Mobile Food Vendor Business Name: _____

Owner: _____ Phone: _____

Contact 1: _____ Phone: _____
Contact(s) on site day of date requested

Contact 2: _____ Phone: _____
Contact(s) on site day of date requested

MFV Permanent Business Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Description of General Type of Food Items Sold: _____

Description of Mobile Food Vending Unit(s):

Vehicle

Plate #: _____ Color: _____ Year: _____ Make: _____ Model: _____

Trailer

Plate #: _____ Color: _____ Year: _____ Make: _____ Model: _____

Total Mobile Food Vending Unit(s) Length and Width: _____

Applicant must submit the following before approval:

- | | |
|---|--|
| <input type="checkbox"/> Proof of Nebraska Department of Agriculture food license | <input type="checkbox"/> On File & Current |
| <input type="checkbox"/> Proof of State of Nebraska Sales Tax Permit or proof of applicable exemption | <input type="checkbox"/> On File & Current |
| <input type="checkbox"/> Proof of Motor Vehicle Liability Insurance for the Mobile Food Vending unit(s) | <input type="checkbox"/> On File & Current |
| <input type="checkbox"/> Proof of Mobile Food Vending Unit(s) registration | <input type="checkbox"/> On File & Current |
| <input type="checkbox"/> A copy of Day of Contact(s) Drivers License | <input type="checkbox"/> On File & Current |
| <input type="checkbox"/> A copy of General Liability Insurance | <input type="checkbox"/> On File & Current |
| <input type="checkbox"/> Signed Waiver of Liability | <input type="checkbox"/> On File & Current |

It is understood that this permit is only valid for one (1) day per week as designated by the date above and a separate permit is required to be present for each date. The facts set forth above in my application for a Mobile Food Vendor Permit are true and complete. I understand false statements shall be considered sufficient cause for denial, suspension, and /or revocation. I understand that failure to follow the proper Mobile Food Vendor regulations may result in the permit approval being suspended or revoked indefinitely. I hereby acknowledge receipt of the Mobile Food Vendor Pamphlet and Ordinance No. 691 Sections 5-209 through 5-216. By my signature below, I agree to the terms and conditions set forth in the ordinance and pamphlet, and I attest that the above-provided information is true and accurate to the best of my knowledge and that all required attachments are included.

Signature: _____ Date: _____