



Mobile Food Vendor Application

Business Name/dba _____

/ _____

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Other entity officers and managers? _____

Vehicle license plate numbers & names of persons driving

- _____
- _____
- _____
- _____
- _____

Types of food to be sold:

Will you be selling food in the Downtown Business District (circle one)?

YES or NO



Mobile Food Vendor Application

Describe the types of locations you will be selling food:

- Approval documentation from the State of Nebraska Department of Agriculture Food and Sales Consumer Inspection is attached

- A copy of the State of Nebraska sales tax permit or proof of sales tax exemption is attached

FOR OFFICE USE ONLY

Approved _____ Disapproved _____

Opened by _____

Date _____

Amount Due _____