

CITY OF GRANT SOLICITORS/PEDDLERS/HAWKERS/OCCUPATION LICENSE APPLICATION

PLEASE PRINT CLEARLY

Applicant Name: _____

Business Name if any: _____

Permanent Address (not a P.O. Box): _____

City / State / Zip: _____

Home Phone: _____ Cell Phone: _____

Social Security #: _____ Vehicle License #: _____

Date of Birth (mm/dd/yyyy): _____ Drivers Lic. # & State: _____

Type of License Applied for: New / Renew Per Day (\$5.00) Per Year (\$10.00)

Duplicate/Replacement License: (\$5.00)

Date(s) of Planned Operation: _____

Description of Vehicle(s) or Conveyance(s) used, including vehicle license number(s): _____

Where will the business be conducted (Written Permission from the Property Owner is Required.):

Description of Good Sold: _____

Please provide a valid copy of Nebraska Sales Tax Permit as required by Neb. R.S. §77-205

Will Food be Vended? Yes No

If food is vended please provide a valid copy of State Department of Agriculture Food Inspection and Permit

Applicants Printed Name: _____ Date: _____

Applicants Signature: _____

OFFICE USE ONLY	Sales Tax Permit Copied & Current: _____
	Fee: \$ _____ Paid: _____ Sales Tax Permit #: _____
	Assigned License #: _____ Food Permit Copied & Current: _____
	Expiration Date: _____ Food Inspection Up-to-Date: _____