

# APPLICATION FOR FOOD TRUCK SALES LICENSE

Read Ordinance No. 2023-14 thoroughly. You will need to know all requirements and restrictions involved with having a license issued to you. If you do not follow all restrictions, your license will be subject to revocation.

**PLEASE PRINT OR TYPE ALL INFORMATION.**

A. \_\_\_\_\_ Name \_\_\_\_\_ New  
\_\_\_\_\_ Renewal  
\_\_\_\_\_ Home Address of Applicant  
\_\_\_\_\_ Home Phone Number of Applicant

**B. Give a brief description of nature, character and quantity of food, beverages to be sold:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. If employed by another, give the name and business address of the person, firm, association, organization, company or corporation.**

\_\_\_\_\_  
Business Name  
\_\_\_\_\_  
Business Address  
\_\_\_\_\_  
Business Phone Number of Applicant  
\_\_\_\_\_  
Name of Contact Person at Business

**D. If a motor vehicle is to be used in the vending business:**

1. \_\_\_\_\_  
Description of the vehicle
2. \_\_\_\_\_  
Motor vehicle registration number
3. \_\_\_\_\_  
License number
4. \_\_\_\_\_  
Provide a certificate of insurance on the vehicle

**E. Give a description of the proposed location of the vending business**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How long do you propose to conduct business at this location?**

\_\_\_\_\_

**F. Provide your sales tax permit as required in Section 77-2705**

\_\_\_\_\_

**G. Provide a certificate of insurance of public liability bond in the amount of not less than \$1 million per occurrence for property damage and injuries, including injury resulting in death, caused by the operation of the vending business, (with City listed as certificate holder).**

**H. Provide and maintain a permit (or certificate of health inspection) from the Nebraska Department of Health, if engaged in the sale of prepared food or beverages.**

|   |                 |          |
|---|-----------------|----------|
| Food Truck Annual Permit Fee:           | \$25.00 per day | \$ _____ |
| Food Truck Annual Occupation Tax:       | \$500.00        | \$ _____ |
| Food Truck Special Event Permit Fee:    | \$25.00         | \$ _____ |
| Food Truck Special Event Occupation Tax | \$25.00         | \$ _____ |

Subtotal Due Per Vendor – Number of Vendor \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

**I certify that I have read Ordinance No. 2023-14 and the above information is true and complete**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

\_\_\_\_\_ App  
 \_\_\_\_\_ ID  
 \_\_\_\_\_ S.T. Permit  
 \_\_\_\_\_ Insurance – Liability.  
 \_\_\_\_\_ Health Certificate  
 \_\_\_\_\_ Fee            Receipt # \_\_\_\_\_  
 \_\_\_\_\_ Issued No. \_\_\_\_\_  
 \_\_\_\_\_ Log \_\_\_\_\_