

CITY OF PLAINVIEW, NEBRASKA

Application and Permit

Date Pd _____

Receipt# _____

HOURS OF OPERATION (Per City Code)

| | | |
|-------------|--------------------|------------------------|
| FOR: | Itinerant Merchant | 8:00 a.m. to 8:00 p.m. |
| | Peddler | 8:00 a.m. to 8:00 p.m. |
| | Solicitor | 8:00 a.m. to 8:00 p.m. |
| | Street Vendor | None specified |
| | Temporary Merchant | None specified |

Applicant Name: _____ Phone Number: _____

Applicant Address while in Plainview: _____

Proof of Person al I.D.: _____ date of birth _____ drivers license # _____ yes no (recent photo)

Applicant is: _____ Individual _____ Corporation

If Corporation - Name and Address of President:

Name, Address, and Telephone Number of local agent to receive complaints:

Description of each vehicle to be used:

- _____ make _____ year _____ vin
- _____ make _____ year _____ vin
- _____ make _____ year _____ vin

State Permit Number: _____

Sales Tax Number: _____

Proof of Bond: _____ Yes _____ No

Location of Sale: _____

Proof of Permission to use location: _____ Yes _____ No (Attach Proof)

List of people who will be doing business within the city:

(For Temporary Merchant and Street Vendor only (If sales door to door - each person needs own permit))

Description of Merchandise for sale:

Fee required to be paid at City Clerk's Office: \$ _____

The applicant agrees to hold the City of Plainview harmless from any and all liability which may result from the performance of the activities arising out of this application.

PD Initials _____

Date _____

Signature of Applicant