City of Osceola

Transient Sales License Application

Sale Hours 9:00 a.m. to 6:00 p.m.

\*\*All information on this application must be answered completely and legibly\*\*

All Peddler, Itinerant Merchant, Solicitor, Temporary Merchant, and Street Vendor Permits/Occupational Tax are $100.00 per month. Anyone selling/soliciting without a permit may be fined $500!

\*Note: All food vendors must show state permit and be approved by State of Nebraska: William Kerns Call (402) 366-1401 to check license information.

Name of Business: 

Business Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business City, State, & Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sellers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth  Social Security No

Sex: M or F Driver's License State  Driver's License No. 

\*NOTE: Need 2 forms of Identification

Permanent Street Address 

City, State & Zip Code 

Have you been convicted of any felonies or misdemeanors? \_\_\_ Yes\_\_\_ No

If Yes, Explain:

Type of Vehicle: Year  Make Model

License No.  State 

Company Name 

Company Address 

Company Phone No.  Federal ID No. 

Merchandise to be sold: 

The facts set forth above in my application for Itinerant Sales License are true and complete. I understand false statements shall be considered sufficient cause for denial and/or revocation. To the fullest extent permitted by laws and regulations, the Applicant shall indemnify and hold harmless the City of Osceola and its officers, employees and agents from and against all claims, suits, damages, costs, demands, losses and expenses, direct, indirect or consequential (including but not limited to fees and charges of attorneys and other professionals and court and arbitration costs) arising out of or resulting from the performance under this Transient Sales License. The Applicant is entirely and solely responsible for all acts while engaged in the operation of vending within the City of Osceola.

I understand the issuance of this license is conditional upon compliance with all City Ordinances and the **one day waiting period** in order to approve or deny this application.

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Signature of Applicant Date

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**FOR OFFICE USE ONLY**

Notified Polk County Sherriff’s Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and time: \_\_\_\_\_\_\_\_\_\_\_\_\_

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***Food Vendors:***

Called William Kerns (402-366-1401) to verify State Of Nebr. Food permit/inspected: \_\_\_\_

Has current permit/license #\_\_\_\_\_\_

Does not have current permit/license #\_\_\_\_\_\_

Date and Time called\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Vendors:***

Sales Tax Permit #\_\_\_\_\_\_\_\_\_\_\_\_ (Nebr. Rev. Stat. 77-2705)

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Reason for denial: \_\_\_\_\_\_\_\_\_\_

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City of Osceola Issued Peddler Permit #\_\_\_\_\_\_\_\_\_\_\_\_\_

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City Clerk (Deputy)

Copies Attached: Peddlers License \_\_\_\_\_

Sales Tax Permit \_\_\_\_\_

State Food Permit \_\_\_\_\_

**Attachments Received $\_\_\_\_\_\_\_\_\_\_\_ was received by**

**(Two forms of ID required, one to be a picture ID) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_ Driver’s License Name Title

 Passport on \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_, 20\_\_\_\_\_\_\_ Month Day Year

\_ Birth Certificate/Social Security Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature