

CITY OF STROMSBURG

PO Box 407 Stromsburg, NE 68666-0407

Telephone: 402-764-2561

MOBILE FOOD VENDOR LICENSE APPLICATION

BUSINESS NAME: _____

PHONE #: _____

BUSINESS ADDRESS: _____

INDIVIDUALS/EMPLOYEE NAMES (please print):

YEAR: _____ (permits will expire on December 31 each year)

REQUIRED ATTACHMENTS (please provide copies):

1. Certificate of Inspection from the Nebraska Department of Agriculture.
2. Nebraska Department of Revenue Sales Tax Certification.
3. Proof of Liability Insurance from a company authorized to do business in the State of Nebraska.

I understand the license may be revoked without notice to the licensee in the event that any of the three certificates listed above or evidence of insurance are revoked or canceled or in the event the licensee causes an accumulation of litter or debris to occur in and around the place of sale. Further, I understand I am not permitted to operate the truck or equipment in a residential district while engaged in the sale of food or food related items. The business will not park or otherwise operate the equipment directly in front of a business during hours in which the business is open to the public.

Signature

Date

dawncityofstromsburg@windstream.net