

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. _____ New
Name 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	\$ _____
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

You can email the completed form to foodtrucks@southsioxucity.org

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

App

ID

S.T. Permit

Insurance – Liability.

Health Certificate

Fee Receipt # _____

Issued No. _____

Log