



NELIGH

NOT TOO SMALL TO HAVE IT ALL

City of Neligh

202 Main Street PO Box 87

Neligh, NE 68756-0087

Ph. 402-887-4066 Fax 402-887-5343

Website: www.Neligh.org

MOBILE FOOD VENDOR APPLICATION

Please print or type

Establishment name:	Owner's name:
Establishment address:	Owner's address & telephone:
City, State, Zip Code:	Co-Owner Name:
Establishment telephone:	Co-Owner address & telephone:
Corporate name:	Federal Tax ID#:
Partner or corporate officer (last, first, middle initial):	Email address:
Partner or corporate officer (last, first, middle initial):	Email address:

TRUCKS

1. Make _____ Model _____ Year _____ License No. _____
2. Make _____ Model _____ Year _____ License No. _____
3. Make _____ Model _____ Year _____ License No. _____

AUTHORIZED DRIVERS

1. Name _____ License No. _____
2. Name _____ License No. _____
3. Name _____ License No. _____

Required attachments:

1. Copy of Liability Insurance for each vehicle
2. Certificate of Commercial General Liability Insurance
3. Copy of State of Nebraska Sales Tax Permit
4. Copy of State of Nebraska Food Establishment Inspection

I am interested in providing mobile food vendor services in the City of Neligh. As a condition of becoming an approved food truck vendor, I agree to a criminal record check as part of my application to provided mobile food services in Neligh. This background check includes, but is not limited to, information related to:

- Criminal Background
- Sexual Offender Registry
- Driving Record

I therefore understand that my signature below authorizes a representative of a Law Enforcement Agency to obtain information relevant from the various agencies.

***Each authorized driver and owner must sign for the background check.*

APPLICANT'S SIGNATURE _____ **DATE** _____

FULL LEGAL NAME (First, Middle, Last) _____

Applicant's Printed Name _____

APPLICANT'S SIGNATURE _____ **DATE** _____

FULL LEGAL NAME (First, Middle, Last) _____

Applicant's Printed Name _____

APPLICANT'S SIGNATURE _____ **DATE** _____

FULL LEGAL NAME (First, Middle, Last) _____

Applicant's Printed Name _____

Law Enforcement agency has conducted the following background checks
on _____ as follows:

- Criminal Background
- Sexual Offender Registry
- Driving Record

_____ I find no conditions on the above checks.

_____ The following conditions are on file:

OFFICER SIGNATURE: _____ **DATE** _____

