CITY OF BENKELMAN

Food Trucks, Peddler's and Solicitors Application

Business Name:	Date:
Owner Name:	
Business Address:	
Business Phone #:	Cell Phone #
Vehicle Description:	
License Plate #:	SSN or EIN#:
Driver's License #:	Date of Birth: PICTURE IDENTIFICATION)
	o Solicit:
Date(s) of Planned Parking/Solicitation:	
Hours of Operation:	
Goods/Services to be Offered: (If food vend	ding, please list ALL products offered)
	ng Site:
Phone Number of Property Owner:	

Required Attachments:

- 1. Signed waiver of liability
- 2. Nonrefundable application fee of \$25.00
- 3. Proof of Commercial Liability Insurance (if applicable)
- 4. Proof of Liability Insurance for each vehicle (if applicable)
- 5. Proof of State of Nebraska Sales Tax Permit (if applicable)
- 6. Proof of Nebraska Food Establishment Inspection (if applicable)
- 7. Written Permission from private landowner and adjoining private landowners of planned parking site (if applicable)
- 8. Plan for disposal of grease, water and other waste (if applicable)

Permit Fee: \$25.00 (valid for 30 days)

Mobile Food Vendor: \$100.00 (valid for 1 year with copy of valid State of Nebraska food permit)

- I understand that there is no dumping of grease, water or other waste permitted from the Truck onto City streets, ditches, or trash cans and that I am responsible for proper disposal.
- I understand that the City Clerk and Mayor may deny, modify, or suspend the permit or provisions of the permit at any time. I understand that if the application is denied, I will receive written notice and have 30 days to file an appeal in writing to be heard by the Board of Trustees at a regularly scheduled meeting.
- I understand that the permit I receive with this application is nontransferable and agree that the permit will be used by no one other than to whom it was issued.
- I understand that if I am found to be in violation of the terms of this application or any portion of the City of Benkelman's Ordinances, I will be fined a sum of not less than \$250 nor more than \$500 for each day of the violation.

I attest that the above-provided information is true and accurate to the best of my knowledge and that all required attachments are included.

Applicant's Signature:	Date:
Applicant's Printed Name:	

FOR OFFICE USE ONLY		
Date Fee Paid:	Cash/Check/Card:	
Date Received:	Date Approved:	
Approved By:	Permit No.:	
Date(s) of Parking Approval:		