



City of Papillion
MOBILE VENDOR PERMIT APPLICATION

122 East 3rd Street
 Papillion, NE 68046
 Phone: (402) 597-2021
 Fax: (402) 339-0670

INFORMATION PROVIDED ON THIS FORM WILL BE VERIFIED. INACCURATE OR INCOMPLETE RESPONSES MAY RESULT IN THE DENIAL OF A PERMIT. ONE APPLICATION PER MOBILE VENDING UNIT. IN ADDITION TO THE APPLICATION FORM, YOU SHOULD REFER TO PAPIILLION MUNICIPAL CODE CHAPTER 146 CONCERNING MOBILE VENDING AND THE CITY OF PAPIILLION MASTER FEE SCHEDULE OF PERMIT FEES. IF YOU HAVE QUESTIONS, CONTACT THE CITY CLERK AT 402-597-2021.

APPLICANT INFORMATION:

FULL NAME OF APPLICANT:		
ALIASES / NICKNAMES:		
SOCIAL SECURITY #:	DATE OF BIRTH:	
E-MAIL ADDRESS:		
HOME PHONE:	CELL PHONE:	
LOCAL STREET ADDRESS:		APT/ UNIT/ SUITE:
CITY:	STATE:	ZIP CODE
PERMANANENT STREET ADDRESS (If different):		APT/ UNIT/ SUITE:
CITY:	STATE:	ZIP CODE:
BUSINESS NAME:		D/B/A:
BUSINESS ADDRESS:		
BUSINESS PHONE:		
FULL NAME OF AGENT/EMPLOYEE WHO WILL BE ON SITE:		
ALIASES/NICKNAME OF AGENT/EMPLOYEE WHO WILL BE ON SITE:		
PERMANANENT STREET ADDRESS OF AGENT/EMPLOYEE WHO WILL BE ON SITE:		APT/ UNIT/ SUITE:
CITY:	STATE:	ZIP CODE:
LIST THE COMPANIES OR ORGANIZATIONS BEING REPRESENTED IN RELATION TO THE BUSINESS OR ACTIVITIES:		



PROOF OF VALID PHOTO IDENTIFICATION PROVIDED: YES NO

IN THE PAST 5 YEARS HAVE YOU BEEN CONVICTED OF OR PLED GUILTY TO ANY CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC OFFENSE? YES NO

IF YES, SEPARATELY LIST OFFENSE(S), YEAR(S), AND STATE(S) OF JURISDICTION:

TAX INFORMATION:

COPY OF STATE SALES TAX PERMIT PROVIDED? YES NO STATE TAX ID #: _____

IS THIS BUSINESS INCORPORATED? YES NO

IF YES, IN WHAT STATE ARE THE ARTICLES OF INCORPORATION REGISTERED? _____

BRIEF STATEMENT OF NATURE OF MERCHANDISE OR SERVICE TO BE SOLD OR OFFERED FOR SALE _____

PLACE(S) WITHIN THE CITY LIMITS WHERE MERCHANDISE IS TO BE SOLD OR OFFERED FOR SALE _____

ADVERTISING METHODS _____

NOTE: APPLICANTS OPERATING IN PUBLIC PARKS SHALL PROVIDE THE CITY CLERK WITH A STATEMENT ACKNOWLEDGING THE CITY'S POLICY GOVERNING MOBILE VENDING IN THE PARKS.

TIME & DATE INFORMATION:

LIST THE DATES AND TIMES THE BUSINESS OR ACTIVITY WILL OPERATE OR BE CONDUCTED. MOBILE VENDORS OPERATING IN THE RIGHT-OF-WAY MUST REMOVE THEIR MOBILE VENDING UNIT 12:00 AM TO 6:00 AM DAILY UNLESS OTHERWISE PERMITTED BY THE CITY.

DATE:	START:	FINISH:
DATE:	START:	FINISH:
DATE:	START:	FINISH:
DATE:	START:	FINISH:
DATE:	START:	FINISH:
DATE:	START:	FINISH:
DATE:	START:	FINISH:



**VEHICLE AND/OR MOBILE CART INFORMATION:
(ONLY ONE MOBILE VENDING UNIT PER APPLICATION)**

LICENSE PLATE #:	STATE OF REGISTRATION:	VEHICLE COLOR:
VEHICLE MAKE:	VEHICLE MODEL :	VEHICLE YEAR:

SIZE OF MOBLIE VENDING UNIT (IF APPLICABLE):

DO YOU HAVE ADDITIONAL VEHICLES THAT WILL BE USED? YES NO

APPLICANT MUST PROVIDE MAKE, MODEL, YEAR, COLOR, STATE OF REGISTRATION AND LICENSE NUMBER FOR ANY AND ALL ADDITIONAL VEHICLES BEING USED IN CONNECTION WITH THE BUSINESS. APPLICANT MUST PROVIDE A SAMPLE OF ALL LOGOS AND SIGNAGE THAT WILL BE DISPLAYED ON THE MOBILE VENDING UNIT.

LIST ANY AND ALL ACCESSORY EQUIPMENT THAT WILL BE PLACED OUTSIDE THE EXTERIOR OF THE MOBILE VENDING UNIT:

ARE YOU APPLYING FOR AN ANNUAL OR DAILY PERMIT? DAILY ANNUAL

WILL YOU BE OPERATING ON PRIVATE PROPERTY? YES NO

IF YES, THE APPLICANT MUST PROVIDE THE CITY CLERK WITH WRITTEN CONSENT FROM THE PROPERTY OWNER FOR THE PROPOSED LOCATION FOR CONDUCTING BUSINESS.

WILL YOU BE SELLING FOOD? YES NO

IF YES, VENDOR MUST SUBMIT A HEALTH DEPARTMENT FOOD PERMIT WITH THIS APPLICATION

SITE PLAN:

ATTACH OR DRAW A SITE PLAN AND DETAILED DIMENSION DRAWINGS OF THE PROPOSED LOCATION(S):

SIGNATURE

I, the applicant, agree to indemnify and defend the City of Papillion, its officials, agents and employees (the "Indemnities") against any losses, costs, damages, liabilities, claims, suits, actions, causes of action and expenses resulting from, arising out of or relating to any negligence or intentional misconduct by the applicant of the sponsoring organization, its officers, employees, or any person under its control in connection with this permit.

I do so solemnly swear (or affirm) that all answers given and statements made on this application are complete and true to the best of my knowledge and beliefs. I have read and understand the terms and conditions outlined in this document and the terms of Papillion Municipal Code Chapter 146 and the Policy Governing Mobile Vending in the Parks and agree to abide by them.

I agree to allow inspections by the Chief Building Official or his/her designee Inspector to ensure all structures comply with City Code. Any amendments or revisions to the original application shall be promptly provided to the City Clerk and are subject to fees.

I understand that if a permit is granted, it will not be used or represented in any way as an endorsement by the City of Papillion.

Unless expressly provided for in the permit, the Mobile Vendor Permit does not grant the permit holder exclusive rights to City property including but not limited to any right to restrict access, use First Amendment activities of any other person on City property, which is open to the general public.

I agree to allow the City of Papillion to conduct a background check with the information provided in this application.

I agree to be bound by the above terms as a condition to the issuance of the Mobile Vendor Permit.

NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

Thank you for completing your application. Before you submit your application to the City of Papillion, please make sure that the following steps have been completed:

Have you?

- Signed and dated your application?
- Attached your site plan?
- Provided all documents and information as requested through this application?
- Submitted the application ten (10) business days prior to commencing sales?
- Paid all applicable fees?

Submit your completed applications to:

City of Papillion
Attn: City Clerk
122 East 3rd Street
Papillion, NE 68046
Phone: (402) 597-2021
Fax: (402) 339-0670



FOR OFFICE USE ONLY:

DATE:	PERMIT NUMBER:
--------------	-----------------------

APPLICATION APPROVED:	DATE:
------------------------------	--------------

INCLUSIVE DATES FOR PERMIT:

POLICE DEPARTMENT RECOMMENDATION: **APPROVAL** **DENIAL**

COMMENTS: _____

RECOMMENDATION BY:	DATE:
---------------------------	--------------

BUILDING DEPARTMENT RECOMMENDATION: **APPROVAL** **DENIAL**

COMMENTS: _____

RECOMMENDATION BY:	DATE:
---------------------------	--------------

