



# MOBILE FOOD VENDOR LICENSE APPLICATION

Information provided on this form will be verified. Inaccurate or incomplete responses may result in the denial of a license. One application must be completed for each mobile food vending unit.

**\*\* PLEASE ALLOW UP TO 20 BUSINESS DAYS FOR PROCESSING. \*\***

CALENDAR YEAR \_\_\_\_\_

NEW APPLICATION

RENEWAL - LICENSE #: \_\_\_\_\_

## SECTION 1: APPLICANT INFORMATION

FULL NAME OF APPLICANT: \_\_\_\_\_

ALIASES / NICKNAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

LOCAL STREET ADDRESS: \_\_\_\_\_ APT. / UNIT/ SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PERMANENT STREET ADDRESS (IF DIFFERENT): \_\_\_\_\_ APT. / UNIT/ SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HAVE YOU PROVIDED PROOF OF VALID PHOTO IDENTIFICATION?  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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 2: BUSINESS INFORMATION

BUSINESS NAME: \_\_\_\_\_ D/B/A: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ UNIT / SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS EMAIL: \_\_\_\_\_

FULL NAME OF ON-SITE AGENT / EMPLOYEE: \_\_\_\_\_

ALIASES / NICKNAMES OF ON-SITE AGENT / EMPLOYEE: \_\_\_\_\_

PERMANENT STREET ADDRESS OF ON-SITE AGENT / EMPLOYEE: \_\_\_\_\_ APT. / UNIT/ SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### SECTION 3: TAX INFORMATION

HAVE YOU PROVIDED A COPY OF YOUR STATE SALES TAX PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		STATE TAX ID #:
IS THIS BUSINESS INCORPORATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, IN WHAT STATE ARE THE ARTICLES OF INCORPORATION REGISTERED?		
CHECK ONE: <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR/ SINGLE-MEMBER LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER ENTITY: _____		
IF CORPORATION, PARTNERSHIP, OR OTHER ENTITY, LIST NAMES AND TITLES OF ALL OFFICERS AND MANAGERS OF SUCH ENTITY:		
NAME / TITLE		NAME / TITLE

### SECTION 4: MOBILE FOOD VENDING VEHICLE INFORMATION

LICENSE PLATE #:	STATE OF REGISTRATION:	VEHICLE COLOR:
VEHICLE MAKE:	VEHICLE MODEL:	VEHICLE YEAR:
SIZE OF MOBILE FOOD VENDING VEHICLE:		
LIST NAME, DRIVER'S LICENSE NUMBER, AND STATE OF ISSUANCE FOR ALL PERSONS EXPECTED TO DRIVE VEHICLE. ATTACH COPIES OF VALID DRIVER'S LICENSES.		
NAME	DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE

### SECTION 5: VENDING INFORMATION

DESCRIBE THE GENERAL TYPE OF FOOD ITEMS TO BE OFFERED FOR SALE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU PROVIDED A COPY OF DOCUMENTATION FROM THE NEBRASKA DEPARTMENT OF AGRICULTURE APPROVING YOUR SALE OF FOOD?  YES  NO

DESCRIBE ADVERTISING METHOD(S) MOBILE FOOD VENDING UNIT WILL BE USING:

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE TYPES OF LOCATIONS WHERE MOBILE FOOD VENDING UNIT IS ANTICIPATED TO BE OPERATING:

\_\_\_\_\_

\_\_\_\_\_

## SECTION 6: FOOTPRINT

ATTACH OR DRAW A FOOTPRINT, INCLUDING DIMENSIONS, OF MOBILE FOOD VENDING VEHICLE AND ANY ACCESSORIES APART FROM MOBILE FOOD VENDING VEHICLE (FOR EXAMPLE: TABLE, CHAIRS, TRAILER, ETC.):

## SECTION 7: SIGNATURE

### 1. I, the applicant, do solemnly swear (of 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 La Vista Municipal Code Section 113.11 and agree to abide by them.
- I will promptly submit any addenda or revisions to the original application to the City Clerk for review.
- I understand that if a license is granted, it will not be used or represented in any way as an endorsement by the City of La Vista.
- I understand that unless expressly provided for in the license, the Mobile Food Vendor License does not grant the license holder exclusive rights to City property, including but not limited to any right to restrict access, which is open to the general public.
- I understand that I may not operate a mobile food vending vehicle on City-owned property.
- I understand that if operating a mobile food vending vehicle on private property, I must have written permission from the property owner for conducting business, and I further understand that I must always be able to present the written permission if requested by an agent of the City.
- I understand that for reasons of public safety and pedestrian or vehicular traffic, any authorized employee of the Public Works Department or Police Department may order a mobile food vendor to move from or leave a specific location.
- I understand that while operating a mobile food vending vehicle, I must always be able to present the permit issued by the City, vehicle insurance, the Sarpy County Health Certificate, and the Sales Tax Certificate.
- I understand that failure to follow the proper Mobile Food Vendor regulations may result in the license being suspended or revoked.
- I understand that if granted, the license must be renewed annually along with the renewal fee as set forth in the City's Master Fee Ordinance.
- I further understand that sales of food and beverage from my mobile food vending vehicle may be subject to Restaurants and Drinking Places Occupation Tax as outlined in Ordinance No. 1365.

### 2. I agree to allow the City of La Vista to conduct a background check with the information provided in this application.

### 3. I agree to be bound by the above terms as a condition to the issuance of the Mobile Food Vendor License.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## APPLICATION CHECKLIST

- |  |
|--|
| <input type="checkbox"/> Application signed and dated  |
| <input type="checkbox"/> Copy of applicant's valid photo identification or driver's license  |
| <input type="checkbox"/> Copy of state sales tax permit  |
| <input type="checkbox"/> Copy of documentation from the Nebraska Department of Agriculture approving your sale of food (if applicable) |
| <input type="checkbox"/> Copy of vehicle registration  |
| <input type="checkbox"/> Proof of insurance  |
| <input type="checkbox"/> Copies of valid driver's licenses for any person expected to drive vehicle                                    |
| <input type="checkbox"/> Application fee   |