Village of Utica Mobile Food Vendor License Application

Date:_		License Expires:	
Paid:	Cash Check	No	
Busine	ss Type: Corporation	Company	Individual
Applica	nt Information:		
Name:			
Addies	S		
City, St	ate, Zip Code:		
L-IIIali			
Date U	DITUI.	Current Date/ Time	
Driver's	License No. (attach copy t	for each employee)	
Busines	ss Operation Information:		
		od Item Sold:	
Genera	Description of Location(s)	of Operation:	
General Description of Location(s) of Operation:			
Vehicle	Insurance (attach):		ssuing State:
 Docur food: A cop A cop not le 	y of the State of Nebraska Sa y of the certificate or proof of	ebraska Health Department sles Tax Permit or Proof of A motor vehicle liability insurar	showing approval of the applicant's sales of pplicable Exemption: nce for each vehicle and Liability Insurance
Supervisomove from t is furthe	or, Chairman of the Village Bo m or leave a specific location.	pard or County Law Enforcen	vehicular traffic, the Village Maintenance nent may order a mobile food vendor to Vendor regulations may result in the license
_icense a	applied for and all term and sti	ipulations agreed to by:	
	Signature of Applicant		Date