



SMALL TOWN VALUES

1115 13TH AVENUE PO BOX 79
SIDNEY NEBRASKA 69162

BIG TIME OPPORTUNITIES

PHONE (308) 254-5300 FAX (308) 254-3164
www.cityofsidney.org

PERMIT NUMBER _____
DATE OF APPLICATION _____
EXPIRATION DATE _____ (Annual Only – from date of application to the following year)

FOOD | MERCHANDISE VENDOR APPLICATION

Business Name _____
Business Address _____
Business Telephone _____ Federal I.D. No. _____ NE Sales Tax No. _____
Food License NDA No. _____

Applicant _____
Contact Number _____
Vehicle: Year _____ Make _____ Model _____ Color _____ License Plate _____
Nature of Product _____
Location of Mobile Store _____ Date for Sale(s): _____
Email _____

(Vendor needs to fill out one time per year if daily)

The facts set forth above in my application for registration permit for food |merchandise vendor are true and complete. I understand false statements shall be considered sufficient cause for denial and/or revocation. To the fullest extent permitted by laws and regulations, applicant shall indemnify and hold harmless the City of Sidney and its officers, employees and agents from and against all claims, suits, damages, costs, demands, losses and expenses, direct, indirect or consequential (including but not limited to fees and charges of attorneys and other professionals, court and arbitration costs) arising out of or resulting from the performance under this registration permit. The applicant acknowledges that the business is entirely and solely responsible for all acts while engaged in the operation of vending within the City of Sidney. Ordinance No. 824, of the City of Sidney, Nebraska.

Applicant Signature _____ Date _____

City Clerk/Representative _____ Date _____

*******CITY OF SIDNEY USE ONLY*******

____ Verify Nebraska Sales Tax Permit
____ Permit Fee ____\$ 30 Daily ____\$350 annual *Notification to the City of Sidney is required for the dates of sales*