

City of Lexington Street Vendors License Application

Pursuant to Ordinance # 2242

Effective January 1, 2008

PLEASE PRINT

Applicant's (owner) name _____

Business Name, if any _____

Permanent Address (not a PO Box) _____

City / State / ZIP _____

Phone 1 (_____) _____ Phone 2 (_____) _____

Social Security # _____ Vehicle License # _____

Date of Birth (mm/dd/yyyy) _____ Drivers Lic. # & State _____

Type of license applied for: NEW / RENEW: 1 week (\$50) 1 month (\$100) 6 months (\$200) 1 year (\$350)

DUPLICATE / REPLACEMENT: (\$25)

Name(s) of employees _____

Total Badges and Cost _____

Days/Dates of planned operation _____

Description of vehicle(s) or conveyance(s) used, including vehicle license numbers: _____

Where will business be conducted: _____

Description of goods sold: _____

Please provide valid copy of Nebraska Sales Tax Permit as required by Neb. R.S. § 77-2705

Will food be vended? Yes No

If food is vended, provide valid copy of State Department of Agriculture Food Inspection and Permit

I have read and understand Lexington's Street Vendor Ordinance (Ord. 2242). I certify that all information I have provided is true, complete and correct. I expressly authorize, without reservation, the City of Lexington to contact and obtain information from any and all agencies and licensing authorities, and to otherwise verify the accuracy of all information provided by me in this application.

(Signed) _____ (Date) _____

Office Use Only

Fee: \$ _____ PAID _____

Sales Tax Permit copied & current? _____

Assigned number: 200__ - _____

Sales Tax Permit #: _____

Expiration Date: _____

Food permit copied & current? _____

Food Inspection up-to-date? _____