



MOBILE FOOD VENDOR PERMIT APPLICATION

City of Crete - City Clerk
City Hall, 243 East 13th Street
Crete NE 68333
402-826-4313

CITY USE ONLY

CITY ADMINISTRATOR REVIEW

APPROVED _____ DENIED _____

PERMIT NO. _____

PUBLIC SAFETY _____

LIABILITY WAIVER _____

New Application _____ Renewal _____ Date: _____

Business Information

Name: _____

Doing Business As: _____

Business Address: _____

Business Phone: _____

After Hours Phone: _____

Email: _____

Mobile Food Vendor Description

Vendor Operation includes mobile cart only: _____ Yes _____ No (vehicle information needed below)

Make/Model of Vehicle (Food Truck or Vehicle): _____

License Plate Numbers: Truck/Vehicle: _____ Trailer: _____

Food truck/trailer or mobile cart: length _____ width _____ color/s _____

Types of food sold: _____

Location

Primary Location Address or General Description: _____

Business/Property Owner or Event Sponsor: _____ Phone: _____

Additional Location Address or General Description: _____

Business/Property Owner or Event Sponsor: _____ Phone: _____

Permits and Insurance Checklist - attach copies

City of Crete Business Registration Permit Number: _____

| | |
|--------------------------------|---|
| _____ Health Department Permit | _____ Sales Tax Permit |
| _____ Business Insurance | _____ Written permission to occupy property |
| _____ Vehicle Insurance | _____ Vehicle Registration |

Signature: _____ Date: _____

Processed By: _____ Date: _____



**MOBILE FOOD VENDOR
PERMIT APPLICATION - PARKING LOT LAYOUT**

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Provide a parking lot layout, if applicant will operate in an established parking lot.