1025 P Street P.O. Box 687 Gering, NE 69341 www.gering.org

CITY OF GERING

MOBILE FOOD/BEVERAGE VENDOR APPLICATION



Definitions per Ordinance No. 2154:

Mobile food/beverage truck/trailer: A licensed and operable vehicle or concession trailer, which is enclosed and self-contained, independent with respect to water, sewer, and power utilities, that contains equipment for the preparation and sale or service of food or beverages with or without a charge which is designed for immediate consumption. This includes any mobile food vehicle as defined by the 2018 International Fire Code.

Mobile food/beverage vending: The act of preparation and sale or service of food or beverages with or without charge that are designed for immediate consumption from a mobile food/beverage truck or mobile food/beverage vending unit/trailer.

| Mobile Vendor Business Name: | | | Mobile Vendor Business Owner Name: | |
|--|-----------|-------------|--|--------------------------------------|
| Business Address: | | | Owner Phone Number : | |
| Email Address: | | | Business Phone Number: | |
| Names of all Officers of the Corporation/Partnership/LLC: | | | Description of the general type of food/beverage items to be sold: | |
| Truck or Trailer Make, Model, Year/License No./Description | | | ion: | Authorized Driver Name, License No.: |
| Year/Make/Model | License # | Description | | |
| | | | | Authorized Driver Name, License No.: |
| If trailer, is it enclosed and self-contained?: | | | | Authorized Driver Name, License No.: |
| Provide further explanation if necessary. | | | | |

Required Attachments:

- 1. Copy of vehicle or trailer registration (if applicable) and proof of insurance.
- 2. Proof of commercial liability insurance with a minimum coverage amount of one million dollars (\$1,000,000) and certificate listing the City of Gering as an additional insured.
- 3. A copy of the State of Nebraska sales tax permit, or proof of applicable sales tax exemption for mobile food/beverage vendor.
- 4. A signed Waiver of Liability holding harmless the City of Gering and indemnifying the City, its officials, and employees, for any claims for damages to property or injury to persons, which may occur in connection with any activity or pursuant to any activities associated with mobile food/beverage vending.
- 5. Nonrefundable application fee (\$100 annual, \$25 weekly).
- 6. Proof of State of Nebraska Food Establishment Inspection.
- 7. Proof of inspection (if applicable) by the City of Gering (or other Nebraska municipality) Fire Marshal or his/her designee.
- 8. Plan for disposal of grease, water and other waste.

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| | I understand that there is no dumping of grease, water, or other waste from the permitted truck/traile onto City streets, ditches, or trash cans and that I am responsible for proper disposal. | | | | | |
|---|--|--------------|--|--|--|--|
| | I understand the City Administrator or his/her designee may deny, modify, or suspend this permit or provisions of the permit at any time. I understand that if the application is denied, I will receive written notice and may file an appeal in writing. | | | | | |
| | I have read the attached City of Gering Mobile Food/Beverage Ordinance and will comply with all sales regulations and other provisions outlined in the ordinance. | | | | | |
| *************************************** | I understand the permit I receive with this application is non-transferable and no such permit shall be used at any time by any person other than the one to whom it was issued. | | | | | |
| | I understand that if I am found in violation of the terms of this application or any portion of City Ordinance #2154, my permit may be revoked. | | | | | |
| 7777 | I attest that the information provided in this application is true and accurate to the best of my knowledge and that all required attachments are included. | | | | | |
| | I am applying for an Annual Mobile Food I am applying for a Weekly Mobile Food | | | | | |
| Applica | ant signature: | Date: | | | | |
| Applica | ant's printed name: | | | | | |
| | Permit OFFICE USE ONL | _Y | | | | |
| Date | e application fee paid: Cash/Check/Card: | Receipt No.: | | | | |
| | Date received: Date appro | ved: | | | | |

PERMIT NUMBER:

Approved by:______ Title:_____

Special conditions/requirements: