City of Ord PO Box 96 Ord, NE 68862 308-728-5791

CITY OF ORD MOBILE VENDOR APPLICATION

Business Name:			
Address:			
Phone:			
Email:			
Vehicle Description:			
License Plate #:			
Vehicle Driver:			
Vehicle Location:			
Vending Date:			
Vending timeframe:	From:	()M to	() M
Consumer Pro (2) Copy of Sales (3) Proof of Liabil (4) \$10 Daily Fee The following attach	Tax Permit lity Insurance	provided if applicable:	
_			
	ission from a busi ng normal busine	ness if you are locating within !	ou feet of their main
	ission from the o	ity, county or school if you are	e locating within 50
(7) Written perm	ission from an ev for a special eve	ent sponsor if you are locating nt	within an approved
	e receipt of Ord N	/lunicipal Code §10-204 and ag	gree to comply with
 Applicant Signature		 Appl	ication Date