

Business Name:

City of Ord P.O. Box 96 201 South 17th Street Ord, NE 68862 Phone (308) 728-5791 Fax (308) 728-5120

CITY OF ORD ANNUAL MOBILE VENDOR REGISTRATION

Address:			_
Phone: Email: Vehicle Description: License Plate #: Vehicle Driver:			- - - -
(2) Certificate of(3) If selling food	Tax Permit from NE Departmo Liability Insurance , copy of Temporary Food Esta Nebraska Department of Agric	ent of Revenue ablishment Permit or Mobile Food Unit P culture – Food Safety & Consumer Prote	
hereby acknowledge re requirements of said co	·	le §10-204 and agree to comply with	ı all
Applicant Signature		Application Date	-