

**City of St. Paul Mobile Food Vendor License Application  
Calendar Year 2025**

704 6<sup>th</sup> Street  
St. Paul, Nebraska 68873  
(308)754-4483 or email: laurab@cityofstpaulne.org

Date: \_\_\_\_\_ License Expires: **12/31/2025**

Annual Fee: \$250 Paid: Cash _____ Check No. _____
---

Business Type: \_\_\_\_\_ Corporation \_\_\_\_\_ Company \_\_\_\_\_ Individual City & State: \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License No. (**attach copy for each employee**) \_\_\_\_\_

Signature to Authorize Background Check (required): \_\_\_\_\_

**Business Operation Information:**

Description of General Type of Food Item Sold: \_\_\_\_\_

General Description of Location(s) of Operation: \_\_\_\_\_

**Vehicle Information:**

Description of Mobile Food Vendor Vehicle(s): \_\_\_\_\_

Vehicle License Number(s): \_\_\_\_\_ Issuing State: \_\_\_\_\_

Vehicle Insurance (**attach**): \_\_\_\_\_

**Applicant must submit the following:**

- Documentation from the State of Nebraska Department of Agriculture showing approval of the applicant's sale of food.
- A copy of the State of Nebraska Sales Tax Permit or Proof of Applicable Exemption.
- A copy of the certificate or proof of motor vehicle liability insurance for each vehicle.
- A copy of the certificate of General Liability Insurance of \$1,000,000 per occurrence/\$2,000,000 aggregate.
- Annual Permit Fee of \$250.00 (per calendar year – no proration of fee)
- Driver's Licenses of employees working in the Mobile Food Truck

***It is understood that for reasons of public safety and pedestrian or vehicular traffic, the City Utility Superintendent or St. Paul Police Department may order a mobile food vendor to move from or leave a specific location.***

***It is further understood that failure to follow the proper Mobile Food Vendor regulations may result in the license being suspended or revoked.***

License applied for and all terms and stipulations agreed to by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**For City of St. Paul Office Use Only:**

Approved \_\_\_\_\_ Declined \_\_\_\_\_

Permit Sticker Number: MV \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date