

CITY OF PLATTSMOUTH
136 North 5th Street
Plattsmouth, NE 68048-1922
(402) 296 2522



**ITINERANT VENDOR REGISTRATION
PERMIT NO. IVR-**

Date of Application: _____ Expected Duration: _____ Fee Due: _____
(\$25 per day or \$500 calendar year)

NAME OF BUSINESS: _____

DESCRIPTION OF BUSINESS: _____

BUSINESS ADDRESS: _____

PHONE: _____ EMAIL: _____

NAME OF APPLICANT: _____ POSITION: _____

NAME, ADDRESS, AND PHONE OF PARTY TO BE CONTACTED REGARDING THIS APPLICATION (IF
DIFFERENT FROM ABOVE): _____

NAMES AND ADDRESSES OF PERSONS INVOLVED (OR ATTACH A SEPARATE SHEET)

VEHICLES INVOLVED (provide a copy of each vehicles registration form):

License No. _____	State _____	Color _____	Make _____	Model _____
License No. _____	State _____	Color _____	Make _____	Model _____
License No. _____	State _____	Color _____	Make _____	Model _____

THE ABOVE INFORMATION IS TRUE TO THE BEST KNOWLEDGE OF THE UNDERSIGNED APPLICANT AND I
AGREE TO SUBMIT TO THE CITY CLERK ANY ADDITIONAL INFORMATION IN REGARD TO THIS
REGISTRATION AS THE SAME BECOMES KNOWN TO ME.

Signed: _____ Date: _____

REVIEW AND APPROVAL (For City Use ONLY)

- _____ Submitted Operator's License of all persons involved
- _____ Submitted Vehicle Registration for ALL vehicles used in the Corporate City Limits of Plattsmouth
- _____ Submitted Certificate of Liability Insurance meeting requirements per Sections 5-201 to 5-206 of the Plattsmouth Municipal Code
- _____ Law Enforcement clearance of individual(s) and vehicle(s)
- _____ Applicant provided a copy of Sections 5-201 to 5-206 of the Plattsmouth Municipal Code
- _____ Fee of \$ _____ paid

The City has approved ITINERANT VENDOR PERMIT NO. IVR-_____ for the duration of:

_____ Date Range: _____

_____ Calendar Year: _____

Approved by: _____ Title: _____ Date: _____