

Village of Murray

Permit Fee:	\$25.00 Per Day
Expiration Date:	
Begin Date:	
Date of Application	on:
Permit No	

MOBILE FOOD TRUCKS AND TRAILERS (ENCLOSED) PERMIT APPLICATION

*Per Ordinance 111.01

Primary Vendor Operator Name:		Personal Cell #:		
Business/Corporate Name:				
Business Address:	City	City/State: Phone:		
Federal Tax ID #:	Ema	ail:		
Names of all Officers in Corp/Partners	hip:			
Truck/Vehicle Make, Model, Year, Lice	ense #:			
General Description of Type of Food b	eing sold:			
Authorized Driver:		Driver's Lic #:		
Authorized Driver:	Driver's Lic #:			
Address of Planned Parking Site:				
Name of Property Owner of Planned F	arking Site:			
Phone Number of Property Owner:				
Dates/Hours of Operation:	@	am/pm to	@	am/pm
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DOCUMENTS that must be attached to this application:

- o Completed Application Form
- Signed Waiver of Liability
- Proof of Insurance as set forth in Supplement No. 1 listing Village of Murray as an additional insured and entitled to notice of cancellation (copy)
- Proof of Vehicle Liability Insurance (copy)
- Proof of Vehicle Registration (copy)
- Nebraska Sales Tax Permit Certificate (copy)

- o Proof of State of Nebraska Food Establishment Inspection (copy)
- Written permission from private property owner and the adjoining property owners or the Village Board of Trustees for public property
- o Written plan for disposal of grease, water, and other waste

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*Permit valid ONLY for the sales location and sales period specified in this a	application. Permits do not extend
to a later sales period. A separate permit is required for each location and ea	ach individual vending unit, even if
owned by the same owner/operator.	
I hereby acknowledge receipt of both Supplement No. 1 of the Mobile Foo	od Trucks and Trailers (Enclosed)
Standards and Ordinance No. 678 outlining the application, approval or denia	al, and revocation of a Mobile Food
Trucks and Trailers (Enclosed) Permit. By my signature below, I agree to the	e terms and conditions set forth in
the Ordinance and Supplement No. 1, and I attest that the above-provided i	nformation is true and accurate to
the best of my knowledge and that all required attachments are included.	
Applicant – Printed Name	Date
Applicant - Signature	Date
Clerk/Treasurer Signature	Date
Mobile Food Trucks and Trailers (Enclosed) Permit Fee: \$25.00 per day X _	days = \$
Paid	
	[] Check # [] Credit Card
	Receipt #
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