

# City of Schuyler

1103 B Street  
Schuyler, Nebraska 68661  
Telephone: 402-352-3101

## OCCUPATION TAX APPLICATION & MOBILE FOOD VENDORS APPLICATION

Please allow seven to ten business days to process application

This application is non-transferable

**MOBILE FOOD VENDING UNITS ARE NOT ALLOWED ON CITY PROPERTY OR CITY RIGHT-OF-WAY  
WITHOUT MAYOR APPROVAL**

RENEWAL: \_\_\_\_\_ NEW APPLICATION: \_\_\_\_\_ YEAR: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PERSONAL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS EMAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NUMBER/STATE ISSUED: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_ DOB: \_\_\_\_\_

VEHICLE/TRAILER LICENSE NUMBER/STATE ISSUED: \_\_\_\_\_

DESCRIPTION OF VEHICLE: \_\_\_\_\_ PROVIDE PHOTO: \_\_\_\_\_

PRODUCT: \_\_\_\_\_ DAYS OF OPERATION : \_\_\_\_\_

LOCATION: \_\_\_\_\_ HOURS OF OPERATION: \_\_\_\_\_

OWN: \_\_\_\_\_ LEASE: \_\_\_\_\_, IF LEASE WRITTEN CONSENT OF PROPERTY OWNER: \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_ ATTACHED CONSENT FORM: \_\_\_\_\_

PROPERTY ZONED: "GI" GENERAL INDUSTRIAL \_\_\_\_\_ "LI" LIMITED INDUSTRIAL \_\_\_\_\_  
"GC" GENERAL COMMERCIAL \_\_\_\_\_ "LC" LIMITED COMMERCIAL \_\_\_\_\_

FOOD SAFETY & CONSUMER PROTECTION PERMIT NO.: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SALES TAX NUMBER: \_\_\_\_\_

VEHICLE/TRAILER SELF-CONTAINED: YES \_\_\_\_\_ NO \_\_\_\_\_

LIST UTILITIES & DESCRIBE USE: \_\_\_\_\_

PROPANE FILL RECEIPT OR 3<sup>RD</sup> PARTY INSPECTION OF PROPANE TANK: \_\_\_\_\_

WASTE DISPOSAL SITE: \_\_\_\_\_

GREASE DISPOSAL SITE: \_\_\_\_\_

LIABILITY INSURANCE MINIMUM: \$1,000,000

INSURANCE COMPANY: \_\_\_\_\_ ATTACHED: \_\_\_\_\_

List the last five (5) cities/states where the applicant has worked/resided before coming to the City of Schuyler, if any:

\_\_\_\_\_

List all employees: \_\_\_\_\_

The facts set forth above in my application for Occupation Tax Application for Mobile Food Vendors are true and complete. I understand false statements shall be considered sufficient cause for denial and /or revocation. I acknowledge and agree to allow the City of Schuyler Police/Colfax County Sheriff/City of Schuyler staff to search my criminal history and photograph to determine my eligibility to obtain a permit. To the fullest extent permitted by laws and regulations, Applicant shall indemnify and hold harmless the City of Schuyler and its officers, employees and agents from and against all claims, suits, damages, cost, demands, losses and expenses, direct, indirect or consequential (including but not limited to fees and charges of attorneys and other professionals and court and arbitration costs) arising out of or resulting from the performance under this registration permit. The Applicant is entirely and solely responsible for all acts while engaged in the operation of vending with the City of Schuyler.

**DISCLAIMER:**

I hereby release the City of Schuyler from any liability relating to any action caused or charged against me or my business as a result of any sales herein described.

\_\_\_\_\_  
(SIGNATURE) (DATE)

\*Equipment/Vehicle subjected to be inspected.

\*Upon receipt display Occupation Tax, Food Safety & Consumer Protection Permit and Sales Tax Number.

\*Permit not transferrable.

I HAVE READ AND UNDERSTAND THE STANDARDS AND ZONING SUPPLEMENTAL REGULATIONS FOR MOBILE FOOD VENDORS SET FORTH BY THE CITY OF SCHUYLER, NEBRASKA.

\_\_\_\_\_  
(SIGNATURE) (DATE)

**OFFICE USE**

**ATTACHMENTS REQUIRED:**

Driver's License \_\_\_\_\_ Food Safety & Consumer Protection Permit \_\_\_\_\_  
Sales Tax No. \_\_\_\_\_ Insurance Policy \_\_\_\_\_ Vehicle Registration \_\_\_\_\_  
Property Owner Consent \_\_\_\_\_ Vehicle Photo \_\_\_\_\_  
Background Check Approved \_\_\_\_\_ Background Check Denied \_\_\_\_\_

**NON-REFUNDABLE FEES:**

PER DAY: \$35.00 \_\_\_\_\_ PER YEAR: \$125.00 \_\_\_\_\_ RECEIPT # \_\_\_\_\_ RECEIVED BY \_\_\_\_\_  
CITY PROPERTY APPROVAL FEE : \$50.00 \_\_\_\_\_

PERMIT APPLICATION EXPIRES ON \_\_\_\_\_

COPY OF PERMIT PROVIDED TO APPLICANT ON \_\_\_\_\_

DATES CITY PROPERTY WILL BE USED: \_\_\_\_\_

LOCATION OF CITY PROPERTY: \_\_\_\_\_

\_\_\_\_\_  
(MAYOR APPROVAL FOR CITY PROPERTY) (DATE)