## City of Lexington Vendors License Application Pursuant to Ordinance # 2300

Effective August 16, 2011

## **PLEASE PRINT**

Applicant's (owne	er) name				
Business Name, if	any				
Permanent Address	ss (not a PO Box)				
City / State / ZIP _					
Phone 1 ()		Phone 2 ()			
Social Security #		Vehicle License #			
Date of Birth (mm/dd/yyyy)		Drivers Lic. # & State			
Type of license applied for: NEW / RENEW:		1 week (\$50)	1 month (\$100)	6 months (\$200)	☐ 1 year (\$350)
DUI	PLICATE / REPLACEMENT:	(\$25)			
Name(s) of emplo	yees				
Total Badges and	Cost				
Days/Dates of plan	nned operation				
Description of veh	nicle(s) or conveyance(s) used, include	ling vehicle lice	ense numbers:		
Description of goo	ods sold:				
_	lid copy of Nebraska Sales Tax Pern	nit as required	by Neb. R.S. §	77-2705	
Will food be vend			77 IX	10	
If food is vended, p	provide valid copy of State Departme	nt of Agricultu	re Food Inspecti	on and Permit	
complete	ad and understand Lexington's Street Vendor and correct. I expressly authorize, without all agencies and licensing authorities, and on.	ut reservation, the	e City of Lexington	n to contact and obta	in information from
(Signed)		(Date)			
≥ Fee: \$	Fee: \$ PAID Sales Tax Permit copied & current?				
Assigned of Expiration	number: 20	Sal	Sales Tax Permit #:		
Expiration	Date:	Food permit copied & current?			
		Foo	od Inspection up-t	o-date?	