



## Food Vendor Registration Form

*Due by August 16<sup>th</sup>, 2017*

Return to: Dakota City Hall, PO Box 482, Dakota City, NE 68731 – (402) 404-1883

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

Contact Person: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Product (s) to be Sold (please be specific)

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**Food Vendor Fee \$100.00-Fee must be included with this registration form.**

**\*Checks should be made payable to **Dakota City NCIP**\*\***

Please attach a copy of your insurance policy.

NE Sales Tax No. \_\_\_\_\_

Space Requirements \_\_\_\_\_

Trailer Size \_\_\_\_\_

Electricity Needed \_\_\_\_\_

**Saturday, August 19<sup>th</sup> will be day of vending from 8am-1am**

If you want to set up Friday, August 18th, trailer set up must be completed  
by 6pm.

Please indicate if you need to set up day before \_\_\_\_\_ or Day of \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing you indicate you have read and agree to the above conditions.