



## Food Vendor Registration Form

*Due by August 15<sup>th</sup>, 2018*

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 18<sup>th</sup> will be the day of vending from 8:00 a.m. - 1:00 a.m.**

If you want to set up Friday, August 17<sup>th</sup>, trailer set up must be completed by 6:00 p.m.

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.