



Food Vendor Registration Form

Due by June 26th, 2019

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)

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, June 29th will be the day of vending from 8:00 a.m. - 1:00 a.m.

Friday, June 28th set up is available if 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.