City of Minden

P.O. Box 239, 325 N. Colorado Minden, Nebraska 68959 phone 308.832.1820 fax 308.832.1949 www.MindenNebraska.org



Annual Vendor Application for Peddlers or Solicitors

- \$150.00 non-refundable annual application fee which expires on December 31st of the year in which the permit is issued
- A valid driver's license including photo ID is required for all salesmen
- Must provide copies of any appropriate permits issued by any city, state or federal governmental
 agency including but not limited to health permits, federal and state ID numbers for taxing purposes
 or any other purposes
- Permit shall be issued within seven (7) business days of the application being filed
- Peddlers and Solicitors are prohibited from conducting business within City Limits from 8:00 AM to 8:00 PM
- The City of Minden has the right to revoke permit if any violations of the law occur.

| <u>Company</u> | Name: |
|----------------|---------------------------------------------------------------------------|
| | Address: |
| | Phone: |
| | Email: |
| Contact Perso | on: Name |
| | Cell Phone: |
| Product to be | e sold: |
| Vehicle Descr | ription: (include vehicle make, year, and license number of all vehicles) |
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| Individuals Selling Items in the City of Minden | | | | | | | |
|-------------------------------------------------|---------------------------|---------|-------|--|--|--|--|
| | Name | Address | Phone | | | | |
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| | | | | | | | |
| Applica | ant's Signature | | Date | | | | |
| | | | | | | | |
| Send to | o The City of Minden: | | | | | | |
| 1. | Completed Application | | | | | | |
| 2. | Copy of your driver's lie | cense | | | | | |
| 3. | \$150.00 application fee | 2 | | | | | |
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City of Minden Address:

City of Minden Attn: City Clerk 325 N Colorado Minden, NE 68959

| For (| Office | Use | Only | v: |
|-------|--------|-----|------|----|
|-------|--------|-----|------|----|

| Application Filing Date | Approve/Deny Date | | |
|-------------------------|-------------------|------|--|
| Application Approved | | lo | |
| Payment Type | Amt | Date | |