



City of Syracuse
495 Midland St / PO Box F
Syracuse, NE 6844

Phone: (402)269-2173
Fax: (402)269-2499

Application for Food or Non-Alcoholic Beverage Vendor Permit

Date: _____ Electrical Connection Fee: _____

1. Applicant: _____ Phone: _____ Cell: _____

2. Organization/Business Name: _____ Email: _____

3. Address: _____ City: _____ State: _____ Zip: _____

4. Specify type of foods or non-alcoholic beverages distributing: _____

5. Please list legal description and address of location you intend to set up your stand in
Syracuse? _____

6. Please list hours of operation: _____

NOTE: If you are vending on privately-owned real estate, written approval from the real estate owner is required to accompany this Application. In addition, all food or non-alcoholic beverage vendors must have a valid State of Nebraska Food Vendor Permit, a copy of which must accompany this Application.

OFFICE USE ONLY

Permit No: _____

Permit is: Transferable: _____
Transferable upon review/renewal _____

Date: _____ Approved: _____
Approved with Added Conditions: _____
Disapproved: _____

City Clerk _____

Adopted: _____ Resolution: _____