



CITY OF KIMBALL
223 SOUTH CHESTNUT STREET
KIMBALL, NE 69145
308-235-3639

APPLICATION/REGISTRATION FOR VENDORS/PEDDLERS

BUSINESS: _____

APPLICANT NAME: _____

PHONE: _____

HOME ADDRESS: _____

SOCIAL SEC. # _____
DRIVERS LIC. # _____

BIRTH PLACE: _____

D.O.B. _____

PREVIOUS ADDRESS: _____

PRODUCTS OR SERVICE: _____

APPLICANTS SIGNATURE

DATE

POLICE DEPARTMENT
ISSUE PERMIT _____ YES _____ NO
POLICE OFFICER SIGNATURE

DATE ISSUED: _____

EXPIRATION DATE: _____

FEE PAID: _____

RECEIPT #: _____