

# Vending Application Form



**Please complete and submit this form to City Hall at 2307 Barada St. Falls City, NE 68355 along with the \$100 application fee. Please note that if an application is denied, the \$100 will be refunded to the applicant.**

**Disclaimer:** The purpose of this Vending Application Form is to provide structure and clarity for the City of Falls City and park personnel regarding who is vending at City owned facilities/parks and what goods or services are being provided. By completing and submitting this form, vendors acknowledge that their vending activities are subject to approval by the Park Board. This process ensures proper organization, coordination, and compliance with park policies, creating a safe and enjoyable experience for all park visitors. The City of Falls City reserves the right to regulate the location, setup, and nature of vending activities to maintain a well-organized and secure environment. This form is not an automatic approval, and vending is not permitted until all necessary approvals are granted.

## **Organization/Contact Information**

Organization/Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Organization/Business Address: \_\_\_\_\_

## **Request Info: Types of Goods/Services to be Vended**

Description of Goods/Services (e.g., food, drinks, merchandise, etc.) \_\_\_\_\_

\_\_\_\_\_

Specific Items for Sale (if applicable) \_\_\_\_\_

\_\_\_\_\_

Type of Setup (e.g., food truck, booth, table, etc.) \_\_\_\_\_

## **Requested Date(s) and Time(s)**

Dates Requested: (e.g., March 10-12, 2025) \_\_\_\_\_

Times Requested: (e.g., 11:00 AM – 4:00 PM) \_\_\_\_\_

Frequency: (One-time, recurring event, etc.) \_\_\_\_\_

**Preferred Vending Location**

*Note: The Aquatic Center is exempt from possible locations unless outside of normal operating hours or during private pool rentals where the pool is not providing concessions services.*

Location(s) Requested: (List the specific park/facility and specific areas where you would prefer to set up.)

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**Event Details**

*Note: Vendors who wish to operate during events held outside of our own or with Falls City Rec must gain prior approval from those entities. (Ex. Travelers, High School events, ect.)*

Specific Event: (Ex. Falls City Rec Games, High School Baseball Tournament, etc.)

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**Insurance and Liability Information**

Insurance Provider and Policy Number: (If required) \_\_\_\_\_

Proof of Insurance: (Attach or provide)

**Health and Safety Compliance (for Food Vendors)**

Health Permit Number or Certification: (if applicable) \_\_\_\_\_

**Additional Information**

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**Agreement and Signature**

By submitting this Vending Application, I agree to comply with all applicable laws, regulations, and City policies for vending at City owned parks and facilities, including approval from the Park Board and City Council. I understand that vending is permitted only in approved areas and that the City of Falls City reserves the right to terminate vending activities if these terms are violated. I further agree to indemnify, defend, and hold harmless the City of Falls City, its officials, employees, and agents from any claims, damages, or liabilities arising from my vending activities, including personal injury or property damage, and will maintain appropriate insurance coverage if required. I acknowledge that the information provided is accurate, and I agree to adhere to all rules and policies set by the City and Park Board. I also acknowledge that any changes or cancellations must be reported in advance according to City policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_