



Peddlers & Solicitors Vendor
Registration Form

Business Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Vending Location: _____

E-Mail Address: _____ Phone: _____

Description of Vehicle: _____

License Plate: _____ Driver's License No.: _____

Product (s) to be sold (please be specific)

Fees

Occupation Tax Fees

Table with 2 columns: Single Location, Door-to-Door. Rows include rates for Per Day, Per Week, 4 Months, and Full Year.

All fees must be included with this registration form. A copy of your driver's license or photo ID must be attached.

Checks should be made payable to City of Broken Bow.

Signature: _____ Date: _____

By signing you indicate you have read and agree to abide by Chapter 113 Peddlers and Solicitors in Broken Bow Municipal Code Book.

For Office Use Only

Accepted by _____
Payment received: mo. ___ day ___ yr. ___ - Cash ___ Check _____