

NON-RESIDENT SALES PERMIT

(Pursuant to Albion Municipal Code 4-301 through 4-304)

Name, and address of person, firm, corporation, or association registrant represents, or is employed by:

Name of Applicant: _____

Phone: _____

Address: _____

Email: _____

Location of Sales: _____

Form of ID Presented: _____

Kind of description of all goods, ware, merchandise, or services to be offered for sale:

I, _____, agree to obey all laws and regulations of the City of Albion, Nebraska, in regard to the sale of the above mentioned items.

Signature of registrant

Permit Fee Paid: \$10/day ___ \$50/week ___ \$200/month ___

This is to certify that the above named registrant is authorized to sell within the City Limits of the City of Albion, Nebraska, the above mentioned items.

Date(s) Permit Valid: _____

Dated this _____ day of _____ 20____ {seal}

Issued By

