



420 West Market Street
Albion, NE 68620
402.395.2428
www.cityofalbion-ne.com

NON-RESIDENT SALES PERMIT

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

Date(s) Permit Valid: _____

Name: _____

Address of present residence: _____

Business Address: _____

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

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

I, _____, 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

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.

Dated this _____ day of _____ 20 _____.

Deputy City Clerk