



*Gateway to the Outdoors*

**MOBILE FOOD VENDOR LICENSE APPLICATION**

Single Event \$25       Annual \$150       Annual Pushcart \$75

Type of Mobile Food Vending Unit (check one): \_\_\_\_\_ Food Pushcart \_\_\_\_\_ Food Stand \_\_\_\_\_ Food Truck

Date(s) Requested: \_\_\_\_\_

Pushcart is defined as: a single axle, non-motorized cart, with top-loading capability only

**BUSINESS INFORMATION**

Name of Business: \_\_\_\_\_

Name of Mobile Food Vending Unit (if using different from above): \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ State of Iowa Sales Tax ID: \_\_\_\_\_

Email Address \_\_\_\_\_ Website (if applicable) \_\_\_\_\_

The information requested below must be provided by the applicant and every person who, directly or indirectly, has any right to participate in the management or control of the business. Such information should be provided on separate sheets and attached to this application.

**LOCATION OF SET UP**

Will this Unit operate in a right way:       Yes       No (if no please fill out owner information)

Address of where Mobile Unit will be parked: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Home Address of Property Owner: \_\_\_\_\_

Phone Number of Property Owner: \_\_\_\_\_ Email Address \_\_\_\_\_

Is written approval from property owner properly attached:      YES       NO

**Licensing Information**

Mobile Food Unit License Plate (if applicable): \_\_\_\_\_

Description of food sold: \_\_\_\_\_

Food License # \_\_\_\_\_

**ACKNOWLEDGMENT**

Have you informed all adjacent property owners of the food unit request before submitting this application?

YES

NO

**INDEMNIFICATION**

To the fullest extent permitted by law, the licensee agrees to defend, pay on behalf of, indemnify and hold harmless the City against any and all claims, demands, suits, damages or losses, together with any and all outlay and expense connected therewith, including but not limited to attorney’s fees and court costs, that may be asserted or claimed against, recovered from or suffered by the City by reason of any injury or loss, including, but limited to, personal injury, including bodily injury or death, property damage, including loss of use thereof, and economic damages arising out of or in any way connected or associated with the licensed activities.

**CERTIFICATION**

I certify that all information in this application and the required documents is true and correct tot the best of my knowledge, and upon submittal becomes public record.

I understand that any missing documents may delay license approval.

I further understand that should I commit a violation of the terms and conditions of this license; my license may be revoked.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

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**FOR OFFICE USE ONLY- APPLICATION SUBMITTAL CHECKLIST**

**LICENSE FEES:** Annual Mobile Food Unit \$150 Annual Pushcart Food Unit \$75 Single Event Mobile Food Unit \$25

CASH \_\_\_\_\_ CC \_\_\_\_\_ CHECK # (if applicable) \_\_\_\_\_ Date Paid \_\_\_\_\_

Insurance Certificate

Motor Vehicle Registration