



APPLICATION FOR A MOBILE FOOD UNIT

1. Full name of applicant_____
2. Email address_____
3. Address_____
4. Main phone #_____Secondary phone #_____
5. Description of vehicle_____
6. License plate #_____Driver License #_____
7. Name of employer_____Length of time to sell goods_____
8. Address of employer_____Phone # of employer_____
9. Nature of business_____Description of goods to be sold_____
10. The address of the businesses or facilities at which any fat, oil or grease generated in the operation of the mobile vendor business are disposed of _____
11. Location where the mobile vendor vehicle will be regularly parked when not in business _____
12. Please attach a copy of the mobile food unit license issues by the Iowa Department of Inspections and Appeals for the mobile vendor vehicle.
13. Please attach a copy of the liability insurance for operation according to 125.05 of the city code.
14. Do you fully understand that any falsification made hereinbefore will constitute grounds for revocation of your license?_____

I agree that any fat, oil or grease generated in the operation of the mobile vendor business will be disposed of in accordance with the requirements of division 5 of chapter 100 regarding the discharge of fat, oil and grease by the food service establishments.

I agree the mobile food unit will be removed from service area, if located on public property, when not in use.

I agree to notify the city administrator in writing of any changes to the information provided pursuant to subsection 125(2)a within five business days of such change.

Signature of Applicant_____

Date_____