**City of Postville**

**147 N. LAWLER ST POSTVILLE, IA 52162**

**PH: 563-864-7454 E:** [**postcityclerk@neitel.net**](mailto:postcityclerk@neitel.net)

**MOBILE FOOD UNIT LICENSE APPLICATION**

**If the applicant is not a natural person (for example, a partnership, LLC, or corporation) please complete the addendum.**

**LICENSE FEE IS $150.00 ANNUALLY OR $50.00 SINGLE EVENT.**

***NON-REFUNDABLE, FEE MUST BE INCLUDED WITH APPLICATION.***

**NAME OF APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BUSINESS ADDRESS (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NATURE OF BUSINESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LICENSE OF VEHICLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE ISSUED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAKE & MODEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DESCRIPTION OF MOBILE FOOD UNIT, INCLUDE DETAILS OF SIGNAGE:

Do you have permission from neighboring business(es) to park in your desired area: YES \_\_ NO \_\_\_ N/A \_\_\_

Are you currently an established Food Truck: \_\_\_\_\_\_\_\_\_\_ Restaurant: \_\_\_\_\_\_\_\_\_ (check all that apply)

If an established food truck business, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of years in business: \_\_\_\_\_

List markets, festivals, or any other events or locations where food truck sold food:

List types of fuel and size of tanks (if applicable) used for cooking:

Have you ever been convicted of a crime? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

If yes, date and nature of crime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification and release authorization,**

If the applicant is not an individual, the person signing this application acknowledges that he or she has the authority to act on behalf of the group that is requesting the permit.

By signing below, I attest the above statements are true and correct, to the best of my knowledge, and that false statement(s) may be grounds for denial of this application or any resulting permit. I have read and understand the rules set forth in the City of Postville Code of Ordinances Chapter 124.

By signing below, I give permission for the City of Postville to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me maintained by the DCI may be released as allowed by law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgement, if any, and arrests without dispositions.

**APPLICANT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_**

**Copies of the following items must be provided with this application:**

Iowa Retail Sales Tax Permit : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Inspection Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Issued Food License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Valid Government Issued ID (with photo: \_\_\_\_\_\_\_\_\_\_\_\_

DCI Criminal Background Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Fee: Annual $150 Non-Refundable : \_\_\_\_\_\_\_\_\_\_

Singel Event $50 Non-Refundable: \_\_\_\_\_\_\_\_

**………………………………………………………………………………………………………**

For Office Use Only

Approved \_\_\_\_\_\_\_\_\_\_\_ Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Food Truck Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Fee Paid $150 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $50 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sales Tax Permit \_\_\_\_\_\_\_ Food License \_\_\_\_\_\_\_\_ Insurance \_\_\_\_\_\_\_\_\_ ID \_\_\_\_\_\_\_ Criminal Background \_\_\_\_

**City of Postville**

**ADDENDUM TO MOBILE FOOD UNIT LICENSE APPLICATION**

To be completed only if applicant is not a natural person (for example a partnership, LLC, or corporation)

1. Partnership

Name of Partners and % share in partnership distributions

1. Corporation

Name of shareholders and their percentage ownership

1. Limited Liability Company

Name of members and their membership interest.