

City of Denison

Mobile Food Unit License Application Food Truck | Food Trailer | Food Cart

111 North Main Street | Denison, Iowa 51442 712-263-3143 | FAX: 712-263-4342

EMAIL: buildinginspector@denisonia.com

BUSINESS				OFFICE USE	
		Food Items for Sale (attach menu if possible):			
Business Name		rood items for sale (attach menu ii possible).		Permit	Date
				Number	Paid
				Date	Total
				Issued	Fees Paid
Business Owner					☐ Cash
				Date	☐ Check #
				Expires	
Business Address				COS	STS
				COS	913
Business City/State/Zip		List three (3) locations t	his business has been engaged in similar activity:	FEES	
,, , ,		1.		☐ One day: \$35	☐ 1 to 6 months: \$500
				☐ One week: \$150 ☐ One month: \$300	☐ One year: \$750
Business Phone		2		Official months, \$300	
		3		Total Cost: NON-PROFIT GROUPS: Please attach proof of non-profit status	
Business Email Address					
				under the provisions of Chapter 5	04 of the Code of Iowa.
	TYPE OF	PERMIT		(Chapter 122.19 of the Denison,	lowa Code of Ordinances)
FOOD TRUCK: A retail food establish- FOOD TRAILER: A retail food establish- FOOD CART: A small mobile retail food					
ment able to move on its own, designed	ment which must be	,		REQUIRED ATTACHMENTS	
for a limited amount of cooking, warming, and serving food from the interior of the of cooking, warming,		and serving food unit. This includes vendors using a table		Please provide a copy of the following items. Mobile Food Unit License (State of Iowa Department of Inspections and Appeals)	
unit. or cooking, warming,					
				Copy of Menu (If possible)	
MOB	ILE FOOD UI	NIT OPERAT	OR(S)	Letters of Consent from loca	
				☐ Copy of Photo ID or Driver's License (on site manager) ☐ Proof of Insurance (General lability & automotive liability)	
On Site Manager (with Certified Food Protection Manager Certificate)		Social Security Number		☐ Proof of Non-profit Status (i	
	,	,			
				HEALTH/SA	NITATION
Permanent Street Address		Birth Date		Where and how will you dispose of refuse, fat, oil, grease, and wastewater you generate? (Business name, address,	
Permanent City/State/Zip		Driver's License Numbe	r	and phone number.)	(Business name, address,
Cell Phone		Driver's License State Driver's License Expiration			
		Have you ever been convicted of a felony, or arrested for theft, fraud,			
		or a crime involving moral turpitude? ☐ Yes ☐ No If yes, please provide full details on a separate sheet.			
Email Address					
Please provide full names and hometowns of oth	er employees in the mob	lie unit (use another she	et ir necessary):		
1		4			
2		5		LOCA	TION
3		6		☐ Private Property	
				(Provide a letter of consent f	rom property owner.)
	VEHI	CLES		Street address:	
Please provide description of ALL vehicles the bu	siness is using . Use the re	everse side if more than	3 vehicles will be used.		
				☐ City Parking Spaces	
License Place / State License Place / State				(Provide a letter of consent from the owners of any businesses within 20 feet of the location.) Street address: Business Owners:	
			License Place / State		
Color / Description	Color / Description		Color / Description		
Year/Make/Model Year/Make/Model			Year/Make/Model		
,,	,,		,,		
Lunderstand that if I do not son	anly with Chanta	r 122 of the De	nison Jowa Codo of Ordinances		
this license may be revoked and			nison, Iowa, Code of Ordinances,	City Doub 1/ D. 11 51 1 1	
and needse may be revoked did	. may not be all	Carca to obtail	another neerise.	City Park and/or Ball Fields Limited space is available on	a first come first serve
	_61_61	TUDE6		basis. Written approval of the	·
	SIGNA	TURES		attached to this application.	5 5

City Clerk / Authorized City Personnel