



MOBILE FOOD VENDOR LICENSE

23 East 4th Street
Atlantic, IA 50022
Phone: 712-243-4810
Fax: 712-243-4407

License # _____

APPLICATION FEES DUE AT TIME OF APPLICATION

The yearly fee is prorated, based on the month you apply.
ALL LICENSSES EXPIRE APRIL 30TH OF EACH YEAR.

Annual Application Fee (non-refundable):
\$50.00

Licenses Issued: May – July: \$150
 Aug – Oct: \$125
 Nov – Jan: \$100
 Feb – April: \$75

TOTAL DUE: _____
Paid By: Cash
 Check
 Credit Card

(Please Print)

FULL NAME (applicant) _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone # _____ Cell Phone # _____

Driver's License # _____

BUSINESS NAME: _____ Company's Phone # _____

Address: _____ City _____ State _____ Zip _____

Products to be sold:

Vehicle Information: (Please list all vehicles that will be used in the course of license - **attach**

photographs of the mobile food unit(s) from the front, side, and back . Attach separate page if needed.)

Make _____ Model _____ Year _____

Color _____ License plate _____

Length _____ Width _____ Height _____

I, the undersigned, hereby swear that I have received a copy of Chapter of the Atlantic Code of Ordinances and will comply with all regulations of such chapter as well as all local, state and federal laws in conducting the business enterprise described herein; that all information contained in this application is true and I am aware that statements given on this application are subject to investigation and verification and that a permit shall be denied if the information provided on this application proves to be a misrepresentation of the facts. I promise to release the City of Atlantic, Iowa, its officials, agents or employs from any liability or damages which result from verifying the accuracy and reliability of the information contained on this application.

****Application must be complete and signed. Incomplete or unsigned applications will not be processed.****

Signature of Applicant	Date	Signature of Co-Applicant	Date
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Please attach:

- 1. A copy of your Driver's License**
- 2. Certificate of Liability Insurance**
- 3. Health Inspection Certificate**

FOR OFFICE USE:

Police Check:

- Approved
- Denied

Officer Signature	Date
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License Valid: _____ To: April 30, 20_____