



# MOBILE FOOD VENDOR LICENSE

23 East 4<sup>th</sup> 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 30<sup>TH</sup> OF EACH YEAR.**

**Annual Application Fee (non-refundable):**

☐ \$50.00

**Licenses Issued:**

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

Annual Application Fee: \_\_\_\_\_ \$50

License Fee: \_\_\_\_\_

**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

**Please attach:**

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

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## FOR OFFICE USE ONLY

**Police Check:**

- ☐ Approved  
☐ Denied

\_\_\_\_\_  
Officer Signature

\_\_\_\_\_  
Date

**City Hall Check:**

- ☐ Approved  
☐ Denied

\_\_\_\_\_  
City Official Signature

\_\_\_\_\_  
Date

**Paperwork Submitted:**

- ☐ Driver's License Copy  
☐ Certificate of Liability Insurance  
☐ Health Inspection Certificate

License Valid: \_\_\_\_\_ To: April 30, 20 \_\_\_\_\_