## CITY OF HARTFORD, IOWA MOBILE FOOD VENDOR APPLICATION

APPLICANT INFORMATION:
NAME:
STREET ADDRESS:
CITY / STATE / ZIP:
PHONE NUMBER:
EMAIL ADDRESS:
LOCATION FOR PARKING:
LENGTH OF TIME SOUGHT TO COVER LICENSE:
Do you have permission from neighboring business and/or organization to park in your desired area: Yes No
ITEMS REQUIRED:
STATE HEALTH INSPECTION CERTIFICATE WITH THE CLASSIFICATION LEVEL OF THE STATE LICENSE
DESCRIPTION OF THE KITCHE FACILITIES, COOKING FACILITIES, PREPARATION AREA, SAFETY FEATURES (SUCH AS, BUT NOT LIMITED TO, SUPPRESSION SYSTEM) OF THE MOBILE FOOD UNIT.
PHOTOGRAPHS OF THE MOBILE FOOD UNIT FROM THE FRONT, SIDE AND BACK
MAKE, MODEL AND YEAR OF VEHICLE TO BE USED AND THE LICENSE PLAE NUMBER
OVERALL SIZE OF THE VEHICLE: LENGTH AND WIDTH

APPROVED BY:	 
SIGNATURE OF APPLICANT:	 DATE
,,,,	nial of this application or any resulting permit. It sile food vending shall comply with all applicable
Single Day \$20.00	_ Annual Permit \$100.00
FEE	
COPY OF FIRE DEPARTMENT INSPECTION	CERTIFICATE