

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 KITCHEN 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 PLATE NUMBER

___ OVERALL SIZE OF THE VEHICLE; LENGTH AND WIDTH

____ COPY OF FIRE DEPARTMENT INSPECTION CERTIFICATE

____ FEE

____ Single Day \$20.00

____ Annual Permit \$100.00

I hereby certify 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. It is understood that the activities related to mobile food vending shall comply with all applicable City Ordinances, including but not limited to Hartford City Code Chapter 124.

SIGNATURE OF APPLICANT:

DATE

APPROVED BY:

DATE