



# MOBILE FOOD VENDOR APPLICATION

Return To: Manchester Police Department | 208 E Main Street | Manchester, IA 52057 | PH 563-927-3355  
Completed application must be submitted at least 5 days prior to the first date of sales.

Fee:  Annual \$150  
 6-Mo \$100  
 Per Week \$ 25  
 Per Day \$ 10

Date of Application: \_\_\_\_\_

## BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

IA Sales Tax Permit No: \_\_\_\_\_ IA Food Establishment License No.: \_\_\_\_\_

Cuisine Sold: \_\_\_\_\_

## APPLICANT INFORMATION

Owner  Employee

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #/State: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Hair/Eye Color: \_\_\_\_\_ Height/Weight: \_\_\_\_\_

## EMPLOYEE/VOLUNTEER INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Driver's License # \_\_\_\_\_

### ***Have you, your employee, or your volunteer:***

Yes  No Been convicted of a misdemeanor level crime, excluding traffic law violations.

Yes  No Been charged with a felony level crime regardless of conviction status.

Yes  No Been convicted of, pled guilty to, or stipulated to the facts of a felony level crime.

Yes  No Been convicted of, pled guilty to, or stipulated to the facts of a forcible felony, including any felony child endangerment, assault, murder, sexual abuse, kidnapping, robbery, arson in the first degree, burglary in the first degree, or sexually motivated crime.

Name: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_ Charge: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_ Charge: \_\_\_\_\_

**VEHICLE INFORMATION**

Type of Food Vendor:  Cart  Stand  Truck  Trailer License Plate # and State: \_\_\_\_\_

VIN: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Please include a photograph of mobile food unit.

**BUSINESS OPERATIONS**

Location(s) you will be vending: \_\_\_\_\_

Days of Operation & Time: \_\_\_\_\_ (Hours 7:00 am – 9:00 pm)

Last 3 cities you conducted business: City: \_\_\_\_\_ Date: \_\_\_\_\_

City: \_\_\_\_\_ Date: \_\_\_\_\_

City: \_\_\_\_\_ Date: \_\_\_\_\_

Yes  No IA Food Establishment License on display.

Yes  No Certified Food Protection Manager on site.

Yes  No Written procedures/plans as specified in the Iowa Food Code on site.

Yes  No I have been denied a Vendor Permit in the Past. Reason: \_\_\_\_\_

**I ACKNOWLEDGE:**

- Any falsification made hereinbefore will constitute grounds for revocation of this license.
- All applicable State of Iowa requirements have been met according to the Iowa Department of Inspections and Appeals.
- I have complied with all applicable Federal and State laws and City ordinances, including reporting of sales tax.
- Hours of operation shall be in force from the hours of 7:00 am - 9:00 pm only.
- City permit shall be exhibited as evidence of compliance with all requirements of City Code of Ordinance Chapter 122.
- Mobile Vendor Permit issued is not transferable in any situation and is applicable only to the person filing the application.
- The Police Department will conduct a background check on the applicant/employees/volunteers, including any criminal history records and driving records held by the State of Iowa and FBI as necessary.

I am the proponent of the foregoing information, and the statements made and answers given above are true. I further swear I am of good moral character.

\_\_\_\_\_  
**Signature of Applicant/Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Police Chief**

\_\_\_\_\_  
**Date**

Approved  Denied: \_\_\_\_\_

City Clerk Notified

City Manager Notified