



**Business License Application
City of Peosta, Iowa**

MOBILE FOOD UNIT PERMIT

Business Name: _____

Business Mailing Address: _____
Street City State Zip Code

Applicant Name: _____ (photo ID required)

Applicant Address: _____
Street City State Zip Code

Email Address: _____ Contact Telephone: _____

Description of the business and goods to be sold:

If operating from a vehicle: _____
Make Model Year State of Registration License Plate #

Plans for disposal of liquid, solid refuse and other material.

Items needed to complete the application process.

- Completed Mobile Food Unit Permit Application.
- The full name, permanent address and phone number of the applicant or designated employee, along with at least one form of identification that includes a photograph of the applicant or designated employee. (Include on Application)
- If operating from a vehicle, the make, model, year, state of registration and license number of the vehicle, operator's license. (Include on Application)

Please certify the following:

- Valid food service license(s) from the state and/or county health departments if selling/handling food and/or beverages for human consumption.
- Valid Food Establishment Inspection Report
- Valid Iowa Sales Tax Permit.
- Valid Certificate of Liability Insurance: \$1,000,000 combined single limit with City of Peosta and its employees named as additional insureds against any liabilities that may arise in connection with the operation of the licensees.
- Annual permit fee: \$ 200.00

I understand that a copy of the City of Peosta Mobile Food Vending permit must be posted in a conspicuous location. I have read and understand the requirements in the Iowa Mobile Food Unit Operation Guide and the City of Peosta Ordinance Title III Chapter 8. I verify all of the information contained in the application is accurate.

Printed Name: _____ Signature: _____

Submit application and payment to:
City of Peosta
PO Box 65
Peosta IA 52068
swinandy@cityofpeosta.org

OFFICE USE ONLY
Check # _____
Check Date _____
Amount Received _____
Staff Initials _____