

MOBILE FOOD UNIT APPLICATION

1. Business Information	on	
Business Name:	FEIN#:	
Business Address:		
City:	State:	Zip:
Applicant Name:		(*photo ID required)
Social Security Number:		
Applicant Address:		
City:	State:	Zip:
Email Address:	Contact Phone:	
2. Mobile Food Unit		
Make:	Model:	Year:
Overall Size, Length:	Width:	Plate:
	ne mobile food unit:	ration area, and safety features
*Photographs of the mobile food u	nit from the front, side, and back	must be submitted with the application
3. Location of Mobile I	Food Unit	
Location of where the applican	nt plans on parking the Mobile	Food Unit:
*Include a copy of property owner	's consent	
4. State IA Inspection	Information	
Iowa Department of Inspection	and Appeals Inspection Certi	ificate #
*Copy of certificate must be attach	ned to this application	

State of IA I	License Level Classification (check	one):	
	Class I: non-refrigerated vending hazardous commercially prepact	g units that serve only intact, non-potentially kaged food and beverages	
	Class II: refrigerated or hot vending units that serve potentially and non-potentially hazardous commercially prepackaged foods from an approved source. No cooking is allowed as part of a Class II unit		
	and unpackaged foods with limi	ially and non-potentially hazardous packaged food ted assembly. These units are limited to pre- source that may be reheated on the unit	
	Class IV: units that serve potents prepared, cooked, cooled or rehe	ially and non-potentially hazardous foods that are eated and assembled on the unit	
5. Fir	e Inspection- Applicable to Class	III and Class IV state license units only	
this inspection6. Has to the date of the proposed to be	on requirement. the applicant been convicted of a fel- ne application or violated any laws o	te license classifications are not required to meet ony within the five (5) years immediately preceding r ordinance relating to the same or similar business ature of such offense and the punishment therefore?	
	res- when and why		
	Fee	Table	
One Day		\$50.00	
One Week		\$100.00	
One Month	1	\$125.00	
One Year		\$250.00	
false stateme understood t	ent(s) may be grounds for denial of that the activities related to mobile a nces, including but not limited to the	nd correct, to the best of my knowledge, and that this application or any resulting permit. It is food vending shall comply with all applicable e City of Waverly Code Section 53.14 "Mobile	
Print Name	Signature	Date	
Approved B	y:		
City Admini	 istrator	Date	