



\_\_\_\_\_ New  
 \_\_\_\_\_ Renewal  
 \_\_\_\_\_ License #  
 \_\_\_\_\_ Receipt #

**MOBILE FOOD VENDOR LICENSE APPLICATION**

Type of Mobile Food Vending Unit (check one): \_\_\_\_\_ Food Cart \_\_\_\_\_ Food Stand \_\_\_\_\_ Food Truck

Duration requested (check one): \_\_\_\_\_ 1 week \_\_\_\_\_ 6 months \_\_\_\_\_ 1 year

**BUSINESS INFORMATION**

Name of Business \_\_\_\_\_

Name of Mobile Food Vending Unit (if different from above) \_\_\_\_\_

Address of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Website (if applicable) \_\_\_\_\_

**The information requested below must be provided by the applicant and every person who, directly or indirectly, has any right to participate in the management or control of the business. Such information should be provided on separate sheets and attached to this application.**

Name of Owner \_\_\_\_\_

Home Address of Owner \_\_\_\_\_

Phone Number of Owner \_\_\_\_\_ Email Address \_\_\_\_\_

**LICENSING INFORMATION**

Mobile Food Unit License Plate Number (if applicable) \_\_\_\_\_

Description of food to be sold \_\_\_\_\_

Is your Unit Blue Zones certified? YES NO **\*If yes, please attach a copy of your certification.**

Will this Unit operate in a numbered parking space? YES NO

**MOBILE FOOD VENDING UNIT EQUIPMENT**

Will this Unit use a deep fryer or flat top for food preparation? YES NO

Will propane be used on this Unit? YES NO

Is this Unit equipped to use shore power? YES NO

Do you fully understand that any falsifications made hereinbefore will constitute grounds for revocation of your license?

\_\_\_\_\_

**Indemnification**

The undersigned agrees to defend, indemnify and hold harmless the City of Cedar Rapids, its agents, officers and employees from and against all claims for injury or damages to persons or property arising out of or caused by the use of such property.

The undersigned further agrees, upon receipt of notice from the City of Cedar Rapids, to defend at its own expense the City of Cedar Rapids from any action or proceeding against the City of Cedar Rapids arising out of or caused by the use of such property. The City of Cedar Rapids may maintain an action against the undersigned to recover the amount of the judgment together with all the expenses incurred by the City in the action.

**Certification**

I certify that all information in this application and the required documents is true and correct to the best of my knowledge, and upon submittal becomes public record.

I understand that any missing documentation may delay license approval.

I further understand that should I commit a violation of this policy, my license may be revoked.

I agree that I will obtain any other permits necessary and will follow the guidelines and requirements set forth in Chapter 42A and on the list of requirements provided to me.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of applicant

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**FOR OFFICE USE ONLY – APPLICATION SUBMITTAL CHECKLIST**

- License Fee \_\_\_\_\_
- Food Service Permit or Application
- Insurance Certificate
- Blue Zones Certification
- Motor Vehicle Registration
- Proof of Fire Permit Payment
- Park Cedar Rapids Approval - Reserved Space Number(s) \_\_\_\_\_