



265 S. Second St.
Robins, IA 52328

New Renewal

Date: _____

**MOBILE FOOD MERCHANT LICENSE APPLICATION
THE CITY OF ROBINS, IOWA**

Type of Mobile Food Vending Unit (check one):

Bustaurant Food Cart Food Stand Food Truck

Business Name: _____

Business Address: _____

Business Phone: _____ E-mail _____

Website Address: _____ Federal ID #: _____

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: _____

Address of Owner: _____

Owner Phone Number: _____ E-mail Address: _____

Date of Birth: _____ State of Birth: _____

Mobile Food Unit License Plate Number (if applicable) _____

Description of food to be sold (be specific) _____

Location of food to be sold in Robins: _____

Attach all licenses from County, State, and Federal agencies.

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 50 amp service needed? Yes No

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

Yes No

Indemnification

To the fullest extent permitted by law, the licensee agrees to defend, pay on behalf of, indemnify, and hold harmless the City against any and all claims, demands, suites, damages or losses, together with any and all outlay and expenses connected therewith, including but not limited to attorneys' fees and court costs, that may be asserted or claimed against, recovered from or suffered by the City by reason of any reason of any injury or loss, including, but not limited

to, personal injury, including bodily injury or death, property damage, including loss of ue thereof, and economic damages arising out of or in any way connected or associated with the licensee's licensed activities.

Is Certificate of Insurance Naming the City as additionally insured attached?

Yes No

Is License Fee Enclosed (\$20 Calendar Year)?

Yes No

CERTIFICATION

I certify that all information in this application and the required documents are 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 the terms and conditions of this license, 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 122A and on the list of requirements provided to me.

This permit is non-transferable and does not constitute property or property rights or interests of any kind.

This permit is subject to revocation by the Robins Chief of Police at any time the Chief determines in the exercise of the Chief's sole discretion that to do so would be in the best interest of the public.

The applicant has personal knowledge of the information contained in this application and it is true and correct.

Signature of Applicant

Date

Signature of Owner

Date

APPROVAL/BACKGROUND CHECK

=====

Police Officer

Approved

Denied

Police Officer comments: _____

=====

PERMIT ISSUANCE

City Clerk

Approved

Denied

City Clerk Comments: _____

OFFICE USE ONLY

Permit # _____ Date Issued: _____ Fee Submittal \$20.00 Receipt # _____

Certificate of Insurance? _____ County/State/Federal Permits? _____