



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):

Restaurant

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

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

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_____	Approved	Denied
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Police Officer

Police Officer comments: _____

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PERMIT ISSUANCE

_____	Approved	Denied
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City Clerk

City Clerk Comments: _____

<p>OFFICE USE ONLY</p> <p>Permit # _____ Date Issued: _____ Fee Submittal \$20.00 Receipt # _____</p> <p>Certificate of Insurance? County/State/Federal Permits?</p>
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