



MOBILE FOOD UNIT LICENSE APPLICATION

Application Fee: \$0

_____ **NEW APPLICATION**

_____ **RENEWAL APPLICATION**

Mobile Food Unit Name: _____

Description of Items to be Sold:

Description of the Mobile Food Unit:

| | |
|--|--|
| | Vehicle Make/Model/Year: Length & Width of Vehicle: County, State, License Plate Number: |
|--|--|

Owner/Operator Name: _____

Owner/Operator Mailing Address: _____

City: _____ State: _____ Zip: _____

Owner/Operator Email: _____

Owner/Operator Phone: _____

REQUIRED ATTACHMENTS:

- Photograph of the mobile food unit
- Copy of State of current Iowa Mobile Food Unit License from the Department of Inspections & Appeals

PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS:

_____ I understand all applicable health standards and licensing as required by the State, County or Local Municipality should be met. Copies of all licenses should be provided as part of the application.

_____ I understand that I can only park at a property with an active premise permit issued by the City of Newton.

_____ I understand that all mobile food units must be parked on an off-street, all-weather surface and the mobile food unit should not impede access to and from ADA parking spaces.

_____ I understand that the mobile food unit must not create a safety hazard; it should be not block drive approaches or fire lanes, public sidewalks, fire hydrants or cause obstruction in the public right-of-way.

_____ I understand that I am allowed one free standing sign, and it must be located on premise. Off premise directional signage to the mobile food unit is not allowed.

_____ I understand that the mobile food unit can only conduct operations at one location for a maximum of three consecutive days per week.

_____ I understand that it is my responsibility to contact the Newton Fire Department to schedule an inspection as a requirement to obtain a Mobile Food Unit License. Newton Fire Department can be contacted at: 641-792-3347. *Note: If you have been inspected by another Iowa fire department, please ask about Newton's policy to accept a report of another jurisdiction's inspection in lieu of a local inspection.*

I hereby acknowledge that I have read this application and state the above information is correct and accurate and agree to comply with all City Ordinances and State Laws regulating this activity.

Printed Name: _____

Applicant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

City Clerk
Approved/Denied: _____ Date: _____ Staff: _____

Fire Department
Approved/Denied: _____ Date: _____ Staff: _____

RECEIPT INFORMATION

| Date | Receipt # | Amount Received | Cash/Check/Charge |
|------|-----------|-----------------|-------------------|
|------|-----------|-----------------|-------------------|

City of Newton
101 West 4th Street South
Newton, IA 50208
Phone – 641-792-2787
Website – www.newtongov.org