

CITY OF IOWA CITY

APPLICATION FOR A FOOD TRUCK PERMIT 2017



FOOD TRUCK NAME _____

☐ Please check this box if you are applying to participate
in the 2017 late night pilot program **ONLY**

APPLICATION RECD _____

PROOF OF INSURANCE RECD _____

PAYMENT RECD _____

JOHNSON CO. FOOD PERMIT RECD _____

Questions should be directed to the Building Department's Office, at 319 356-5123

APPLICATION FOR FOOD TRUCK PERMIT

If the applicant is not a natural person (for example, a partnership, an LLC, or a corporation), please complete the addendum.

1. Applicant's Name: _____
FIRST LAST

2. Address: _____
STREET APT# CITY State ZIP CODE

3. Email Address: _____

4. Phone number: _____

5. Are you currently an established Food Truck Yes___ No___

6. If an established food truck business,

Name of truck or cart _____ Number of years in business _____

Previous Food Truck permit with the City of Iowa City Yes___ No___

List markets, festivals, or any other events or locations where food truck sold food:

7. Have you or any owners of the legal entity previously held a food truck permit with the City? Yes___ No___

8. Description of truck: Attach a photo of you truck as it appears today. Also, please provide dimensions. Details of signage must also be submitted. All trucks must be equipped with a #5 multi-purpose fire extinguisher.

9. List types of fuel and size of tanks (if applicable) used for cooking.

10. Indemnification Agreement:

The applicant agrees to:

Pay on behalf of the City all sums which the City shall be obligated to pay by reason of any liability imposed upon the City for damages of any kind resulting from use of public property and the public right of way, whether sustained by any person or persons, caused by accident or otherwise and shall defend at its own expense and on behalf of the City any claim against the City arising out of the use of public property and the public right of way.

Applicant agrees to provide the certificate of insurance to the City by the last working day prior to the first day of vending operation.

Signature of Applicant

Date

If the applicant is not an individual, the person signing this application acknowledges that he or she has the authority to act on behalf of the group that is requesting the permit.

Applicant: Return completed application to:
Building Division Office
City of Iowa City
410 E. Washington Street
Iowa City, Iowa 52240

Any questions can be directed to Jann Ream in the Building Division office at 319-356-5123.

Applicant has read and understands the ordinances pertaining to Food Truck operations and commercial parking regulations. Applicant agrees to follow all such ordinances and administrative rules and policies concerning Food Truck operations and understands that the failure to comply with these ordinances, rules and policies may result in the revocation of the permit.

Signature of Applicant

Date

Appeal Rights

Any party aggrieved by the City Manager's or designee's decision to grant or deny a permit under this Chapter may appeal the determination to the City Council if, within five (5) working days after the decision, the party files a written notice of appeal with the City Clerk. In such event, a hearing shall be held by the City Council no later than the next regularly scheduled meeting, assuming the appeal is filed in time to allow notice of said appeal in accordance with Chapter 21 of the Iowa Code.

FOR CITY USE ONLY:

NOTICE OF DECISION GRANTING OR DENYING THE APPLICATION

The application is approved. _____

The application is denied because _____

City Manager or Designee

Date

ADDENDUM TO APPLICATION FOR FOOD TRUCK PERMIT

To be completed only if applicant is not a natural person (for example, a partnership, an LLC, or a corporation).

1. If the applicant is a partnership, list all partners and the share of partnership distribution.

_____ Name of Partner	_____ % share in partnership distribution
_____ Name of Partner	_____ % share in partnership distribution
_____ Name of Partner	_____ % share in partnership distribution

2. If the applicant is a corporation, list all shareholders and their percentage ownership.

_____ Name of Shareholder	_____ % of stock owned
_____ Name of Shareholder	_____ % of stock owned
_____ Name of Shareholder	_____ % of stock owned

3. If applicant is a limited liability company, list all members and their membership interest.

_____ Name of Member	_____ Membership interest
_____ Name of Member	_____ Membership interest
_____ Name of Member	_____ Membership interest