

**CITY OF IOWA CITY**

**APPLICATION FOR A FOOD TRUCK PERMIT**



**FOOD TRUCK NAME** \_\_\_\_\_

APPLICATION RECD	_____
PROOF OF INSURANCE 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 \_\_\_ Restaurant \_\_\_  
(check all that apply)

6. If an established food truck business,

Name of truck or cart \_\_\_\_\_ Number of years in business \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. 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.

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

\_\_\_\_\_

9. 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 agrees to follow all administrative rules and policies concerning Food Truck operations and understands that failure to comply with these 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.

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### 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