

**CITY OF INDIANOLA, IOWA**  
**APPLICATION FOR MOBILE FOOD AND BEVERAGE VENDORS**

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Date of Application: \_\_\_\_\_

**1. Business Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Email address: \_\_\_\_\_

**2. Mobile Food Unit**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Overall Size, Length: \_\_\_\_\_ Width: \_\_\_\_\_ Plate: \_\_\_\_\_

Description the kitchen facilities, cooking facilities, preparation area, safety features, (suppression system, etc.) of the mobile food unit:

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**\*Photographs of the mobile food unit from the front, interior, side and back must be submitted with the application.**

Expressed written consent of the property owner to use the business property on which you propose to operate is required. The written consent must be kept in the unit at all times that the unit is on the property.

3. Attach vehicle registration

4. Attach proof of insurance

5. State IA Inspection Information

Iowa Department of Inspection and Appeals Inspection Certificate # \_\_\_\_\_

\*Copy of certificate must be attached to this application

- \_\_\_\_\_ Class 1 – non-refrigerated vending units that serve only intact, non-potentially hazardous commercially prepackaged food and beverages
- \_\_\_\_\_ Class II – refrigerated or hot vending units that serve potentially and non- potentially hazardous commercially prepackaged foods from an approved source. No cooking is allowed as part of a Class II unit.
- \_\_\_\_\_ Class III – units that serve potentially and non-potentially hazardous packaged food and unpackaged foods with limited assembly. These units are limited to pre-cooked foods from an approved source that may be reheated on the unit
- \_\_\_\_\_ Class IV – units that serve potentially and non-potentially hazardous foods that are prepared, cooked, cooled or reheated and assembled on the unit

6. Fire Inspection – Applicable to Class III and Class IV state license units only

All mobile food units that have cooking facilities or use products with grease laden vapors, (Class III and Class IV state licenses) shall be inspected by the Fire Department prior to initiation of business operations within the city. Inspections are required annually and prior to issuance of a mobile food vending license. It shall be the obligation of the mobile food vendor to schedule the inspection with the fire department. Class I and II state license classifications are not required to meet this inspection requirement.

**Submit completed application to the City Clerk; once approved, please call 515-961-9405 to schedule the required inspection with the Fire Department.**

7. TO BE COMPLETED BY THE INDIANOLA FIRE CHIEF – Applicable to Class III and Class IV state license only

Date of Inspection: \_\_\_\_\_

Inspection Performed by: \_\_ \_\_\_\_\_

\_\_\_\_\_  
Signature of Fire Chief

8. Please attach a criminal background check from the State of Iowa Division of Criminal Investigation for applicant and any additional individuals listed on application, dated no more than 1 year prior to the date of the application.

9. Has applicant been listed on any sex offender registry within the last five (5) years? \_\_\_\_\_

10. Fee due upon submission of application. Fee Table to calculate your application fee:

One Day	\$50.00	
One Week	\$100.00	
For up to six months	\$200.00	
For over six months to one year	\$300.00	
Total		

I hereby certify the above statements are true and correct, to the best of my knowledge, and that false statement(s) may be grounds for denial of this application or any resulting permit. It is understood that the activities related to mobile food vending shall comply with all applicable City ordinances, including but not limited to the City of Indianola Code Section 122.22 "Mobile Food and Beverage Vendors".

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please see attached ordinance regarding licensing, fees, inspections, standards & regulations.**

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For Clerk's Use Only:

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Receipt # \_\_\_\_\_