



APPLICATION FOR MOBILE FOOD UNIT LICENSE

Title A Chapter 19 of the City Code

305 North 3rd Street, Eldridge, Iowa 52748
Phone (563) 285-4841 • Fax (563) 285-7376
info@cityofeldridgeia.org

“Mobile food vendor” means any person engaged in selling food items through a motorized, self-propelled food establishment or a trailer, that is readily movable. Any person vending ready to eat food items within the City of Eldridge must be licensed under Title A Chapter 19.

This license is required in addition to any other city business license the applicant or licensee may hold or be required to hold. To operate in the city a mobile food vending permit must also be obtained.

Application Date: _____ Dates of Operation: _____

Iowa State Sales Tax ID: _____ Business Name: _____

Owner / Operator: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Emergency Contact and Phone #: _____

Type of Foods to be Sold: _____

I agree to abide by all regulations of the Mobile Food Unit policy as outlined in Title A Chapter 19 of the Eldridge Municipal Code. I understand this license DOES NOT allow me to operate on public property and licenses must be displayed on the mobile food unit in a conspicuous location.

I hereby swear (or affirm) under penalty of perjury that the representations made by me in this application are complete, true and accurate, to the best of my knowledge and belief, and that I am authorized to execute this application.

Signature of Applicant _____ Date _____

Return to Eldridge City Offices.

Service Period: One year from date of license issuance

Mobile Food Unit License Fee: \$125 / Annual Payment (Resolution 2023-02). Can be paid online at:

<https://www.municipalonlinepayments.com/eldridgeia/easypay/LisPJk7G0ECZepEmBGc6lw/mobile-food-license>

Documents needed: Valid Proof of \$1.0M in general liability insurance

Valid license issued by the Iowa Department of Inspections and Appeals

For Office Use Only

Administration Application Review _____ Approved _____ Disapproved _____

Date of License Issuance _____

Proof of insurance provided

Iowa License provided