CITY OF DES MOINES
TRANSIENT MERCHANT APPLICATION
(FOOD SALES)

Complete application must be submitted at least 3 business days prior to first date of sales

NEW ☐ RENEWAL ☐

	FEES	Non-Refundable Amount (if application is denied)
Annual permit *(365 days)*	$570	$50
30-day permit *(consecutive days)*	$220	$50
3-day permit *(consecutive days)*	$150	$50
DM Fire Department Inspection *(First time applicants only - renewal inspection for the same vehicle are at no charge)*	$100	Full amount refunded if inspection does not take place.
Cash Bond *(First time applicants only)*	$200	Refundable upon request, 120 days after expiration of the license

(PLEASE PRINT)

Applicant's Name: _____Age: _____Daytime Phone: _____
Alternate Phone: _____

Applicant's Address: _____ City: _____St: ____ Zip: _____

Email: _____Website: _____

Business Name: _____

Business Address: _____ City: _____St: ____Zip: _____

Vehicle(s) Description: _____
Food truck, trailer, tow vehicle, etc.

License Plate Number(s): _____ Cuisine to be sold: _____

Length of time applicant has been engaged in the same or similar business: _____

Primarily in one location (address): _____ OR Various locations: ☐
All locations must have a current Premise Permit issued by the City Clerk.

Other cities where applicant has conducted business in the past 12 months:
_____

Location where mobile vendor unit will be regularly parked while not in use:
_____

Name of insurance company: _____

Name of insurance agent: _____ Agent's phone number: _____

Names of Certified Food Protection Managers with supervisory and management responsibilities employed by the business: _____

Name and contact information for individual or business responsible for food prepared in a commissary kitchen or other premises, for sale in the mobile vendor unit: N/A ☐ Contact:_____

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE:

APPLICANT
SIGNATURE: _____Date_____

Please use the checklist below to confirm all the required items are submitted with the application. Fees must be submitted with the application. Make checks payable to the City of Des Moines.

Transient Merchant Application Checklist	
☐	Completed application and fees
☐	Mobile Food Vendor Fire Inspection Form *Walk-in inspections available on second and fourth Wednesdays of the month from 8-11a.m. Call Des Moines Fire Department with questions regarding inspections - 515-283-4240*
☐	Copy of State of Iowa Retail Sales Tax Permit *Issued by the Iowa Department of Revenue - 515-281-3114*
☐	Copy of the appropriate State-issued Mobile Food Unit License for the mobile vendor vehicle. Not required if selling only pre-packaged food that does not require hot or cold holding procedures. *Issued by the Iowa Department of Inspections and Appeals - 515-281-6538*
☐	Copy of the appropriate food establishment license issued by the Iowa Department of Inspections and Appeals for any commissary kitchen or other premises where food is prepared for sale from the mobile vendor unit. *Issued by the Iowa Department of Inspections and Appeals – 515-281-6538*
☐	Paid receipts for any past due City fines or charges, (parking tickets, camera citations, etc.)
☐	Copy of Certified Food Protection Manager(s) certifications for an employee with supervisory and management responsibilities and the authority to direct and control food preparation and service. *See certification information sheet included with this packet for class options.*
☐	Copy of applicants Driver's License
☐	$500,000 Automobile Liability Insurance (Food Truck or Tow Vehicle)
☐	$1,000,000 Commercial (Business) Liability Insurance

City Clerk's Office
City of Des Moines
400 Robert D. Ray Drive
Des Moines, IA 50309
Phone – 515-283-4209 (ext. 6)
Fax – 515-237-1645
cityclerk@dmgov.org

FOR CLERK'S OFFICE USE

Date	Receipt #
Amount received	CC001010 455285 Cash / Check / Charge

TRANSIENT MERCHANT APPLICATION (Food Sales)
Acknowledgement Form – please read and initial each item

INITIAL	
	I understand that any changes to the information I provided on the application must be submitted to the City Clerk's Office within 3 business days.
	I agree to keep the required insurance in place during the term of the permit.
	I understand that Transient Merchant licenses are not transferrable between individuals or businesses, but may be transferred to a new vehicle if one is obtained during the effective dates of the license (any new vehicle must obtain a fire department and State inspection).
	I understand that I must provide a bathroom on the licensed premises, or by agreement for the use of bathroom facilities located within a reasonable distance that are open the same hours as the transient merchant or mobile vendor.
	I understand that I cannot locate within 100 feet of any public entrance into the waiting or service area of any street level restaurant, (exception exists for Transient Merchants licensed on a premises prior to August 12, 2016). If the permit lapses or if a restaurant subsequently begins operation, then this provision applies to all future applications.
	I understand that if a public official requests that I vacate a location, (for an emergency or street and utility repair purposes), I must comply.
	I understand that I must display my license and my State Sales Tax Permit in a manner to be visible to all persons seeking to conduct business.
	I understand that I cannot have a second story or any interior space used for customer service or seating.
	I understand that I must comply with the City's Noise Control Ordinance, and that no person shall attempt to sell anything by shouting or raised voices.
	I understand that I must remove all equipment, temporary structures, garbage, and any vehicle or trailer used in the operation of the business from the licensed premises at any time not open for business and during the hours business is prohibited. This does not apply to temporary closures of the business of up to 30 minutes two times during allowed hours of operation.
	I understand that I must provide trash receptacles readily accessible to customers. All trash receptacles and all accumulations of trash and litter shall be removed from the site by the vendor before departing.
	I understand that violations of this ordinance shall be considered a municipal infraction.
	I understand that I must provide either (**select one**) A) ☐ signed agreement for a satisfactory non-residential alternative location for garbage removal or B) ☐ a dumpster closure is provided on the premises.
	I understand that all fat, oil, grease and wastewater shall be disposed of at the business or facility identified on the application, and shall be disposed of in compliance with applicable regulations.
	I agree to keep the City informed of suggestions or issues experienced.
	I understand that I must always locate on a property that has a current Premise Permit issued from the City of Des Moines to the property owner.
	I understand that only one sign is allowed on premises. Such sign shall be located outside the required front yard setback area designated by chapter 134 of this Code. Such sign shall have a single face or two parallel faces, with each face not to exceed 24 square feet in area. Such sign shall be securely anchored so as to prevent its displacement by weather. Vehicle signs painted or attached directly to the body of the vehicle shall not be subject to this limitation.
	I understand that Transient Merchants are permitted to operate between 5:30 a.m. and 1:30 a.m. unless the premises is located within 125 feet of any residentially-zoned property. Within 125 feet of a residential property, Transient Merchants are allowed to operate between 8:00 a.m. and 10:30 p.m. For any Transient Merchant licensed to operate on August 12, 2016, the Transient Merchant is allowed to operate between 5:30 a.m. and 1:30 a.m. as long as the Transient Merchant is operating with a license on the same premises it operated on August 12, 2016 and its ownership does not change. If a license lapses for any period of time, the licensee is not permitted to operate outside of 8:00 a.m. to 10:30 p.m. within 125 feet of a residential property. For purposes of this section, DX1, DX2, and DXR, (generally downtown areas) are not considered residentially-zoned property. **Your individual hours of operation will be determined by the City of Des Moines Zoning Official.**
	I understand that it is my responsibility to reapply prior to the expiration of my current license. Failure to reapply in a timely manner may result in loss of any grandfather rights granted to me prior to August 12, 2016, and I understand that I may not conduct sales if either the Premise Permit or Transient Merchant License are expired.

PERMISSION FOR TRANSIENT MERCHANT TO USE TRASH DISPOSAL FACILITIES

The applicant – (Transient Merchant license holder) _____ is hereby authorized to use the trash disposal facilities located at the following address, for the entire length of the Annual Transient Merchant Permit.

From _____ to _____
Month/Day/Year Month/Day/Year
(Dates must match effective dates of the Transient Merchant Permit)

Identification of Property Owner/Manager where trash facilities are provided:

Property Owner/Manager Name: _____

Mailing address of Property Owner/Manager:_____

Daytime phone number: _____

Address and location of trash facilities: _____

Signature of Property Owner/Manager: _____ Date: _____

PERMISSION FOR TRANSIENT MERCHANT TO USE GREASE AND WASTEWATER DISPOSAL FACILITIES

The applicant – (Transient Merchant license holder) _____ is hereby authorized to use the facilities located at the following address, for the entire length of the Annual Transient Merchant Permit, to dispose of fat, oil, grease, and wastewater.

From _____ to _____
Month/Day/Year Month/Day/Year
(Dates must match effective dates of the Transient Merchant Permit)

Identification of Property Owner/Manager where facilities are provided:

Property Owner/Manager Name: _____

Mailing address of Property Owner/Manager:_____

Daytime phone number: _____

Address and location of facilities: _____

Signature of Property Owner/Manager: _____ Date: _____

Mobile Food Vendor Vehicle Inspections

Food Trucks are inspected the 2nd and 4th Wednesdays of the month from 8:00-11:00 a.m. All inspections will occur on a first-come, first-served basis. Please park on the EAST side of the building (near the American flag), either along E. 28th Street or in the parking area.

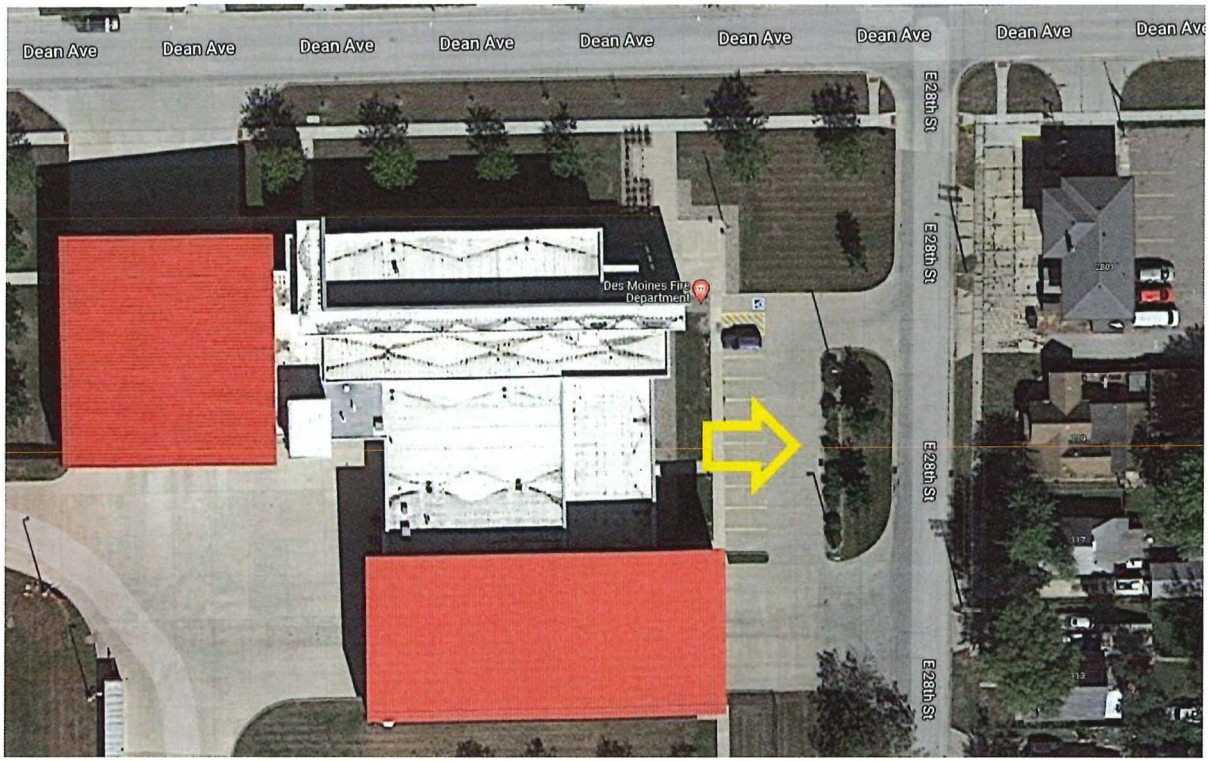
Address is:
Des Moines Fire Dept
2715 Dean Avenue
Des Moines, IA 50317

515-283-4240

Firedept@dmgov.org

Please be prepared with the following information:

- Name of owner
- Business name
- Business/home address
- Phone number
- Email



FPB POLICY 2016-1: Mobile Food Vendors

Created: January 22, 2016 Effective Date: July 7, 2016 Immediately

From the Office of the Fire Prevention Bureau – Phone (515) 283-4240

CITY OF DES MOINES FIRE DEPARTMENT

This policy is promulgated in accordance with Section 104.1 of the 2018 International Fire Code (IFC) and is an official interpretation of Chapter 46, Article XVIII, Division 5, "Mobile Food Vehicles", of the City of Des Moines Municipal Code.

The following shall apply to any mobile vendors who sell food, other than prepackaged items that do not require hot or cold handling procedures, within the City of Des Moines.

Requirements:

Exhaust Hood: A Type I hood (with fire suppression system) shall be installed at or above all commercial cooking appliances and domestic cooking appliances used for commercial purposes that produce grease vapors. Commercial kitchen exhaust hoods shall comply with the requirements of the *International Mechanical Code*.

Maintenance. Hoods shall be inspected, tested, and maintained in accordance with IFC 2018 Section 607.

Inspections and tests. Kitchen hood extinguishing systems shall be inspected and tested at least every six months by a State of Iowa licensed fire protection contractor.

Fire extinguishers. In accordance with IFC, edition 2018, section 906, an approved 2A:20B:C rated dry chemical fire extinguisher shall be provided on or within the mobile vendor vehicle or trailer. An approved Class K rated fire extinguisher shall be provided within 30 feet (9144 mm) of cooking operations involving solid fuels or vegetable or animal oils and fats.

Liquefied petroleum gas (LP-gas). LP-gas shall be in accordance with NFPA 58, 2020 edition, section 6.26.

Maximum number and quantity. A maximum of two LP-gas containers with a total aggregate water capacity of 50 gallons (190 L) is permitted at one mobile vendor.

LP-gas cylinder hoses. Hoses shall be designed for a working pressure of 350 psig (2413 kPa) with a safety factor of 5 to 1 and shall be continuously marked with LP-GAS, PROPANE, 350 PSI WORKING PRESSURE, and the manufacturer's name or trademark. Hose assemblies, after the application of couplings, shall have a design capability of 700 psig (4826 kPa). Hose assemblies shall be leak tested at the time of installation at not less the operating pressure of the system in which they are installed.

Location. Mobile food vehicles shall not be located within 20 feet (6096 mm) of buildings, tents, canopies or membrane structures.

Exception: When mobile food vehicles are positioned on public streets, the distance from buildings may be reduced to 5 feet.

Inspection. All mobile vendors who sell food other than prepackaged items that do not require hot or cold handling procedures shall be required to have a fire inspection as part of the licensing process. Only after a mobile vendor has applied through the City Clerk's office and paid the appropriate fees shall the vendor contact the DMFD Fire Prevention Bureau at 515-283-4240 or firedept@dmgov.org to schedule an inspection.

Any comments or questions regarding the above information may be submitted to:

Office of the Fire Marshal
City of Des Moines Fire Department
Fire Prevention Bureau
2715 Dean Avenue
Des Moines, Iowa 50317
Office: (515) 283-4240
Fax: (515) 283-4907
Email: firedept@dmgov.org

MOBILE FOOD VENDOR INSPECTION FORM

Updated: November 2022

From the Office of the Fire Prevention Bureau – Phone (515) 283-4240

CITY OF DES MOINES FIRE DEPARTMENT

Name of Company_____

Address_____

Contact Person_____ **Phone Number**_____

Email_____

Truck/Trailer manufacturer_____ **model**_____ **license Plate**_____

References: NFPA 58, 2017 edition; International Fire Code, 2018 edition

	NOTES
___**LP System** *NFPA 58, IFC*	
___Cylinders max. 2 cylinders & 200 pounds total IFC *319.8.1*	
___Condition and hydrostatic date *5.2.2*	_____
___Securement IFC *319.8.2*	
___Shutoff valve readily accessible *6.26.4.1*	
___Caution plate *6.24.7.10*	
Location *6.26.3.3*	
___Regulators (two-stage) *6.26.4.2 (B)*	
___Hoses 350psi marked LP gas *5.11.6.4*	
___Fixed piping *6.26.5*	
Fastened *6.26.5.1*	
___Flexible appliance connectors ANSI Z21.69-rated *IFC 319.5*	_____
___Protection at pass-through points *6.26.5.1 (H)*	
___**Exhaust Hood Type I** *IFC section 607*	
___Filters	
___Cleaning	
___Tags	_____
___Fire extinguishing system	
___**Fire Extinguishers** *IFC section 906*	
___2A:10BC (4 lb)	
___Class K (1.5 Gallon Min.)	
___**Egress** NFPA 58 section *6.26.7.9*	_____
___**LP gas alarm** *IFC 319.8.5*	
___**Electrical** *IFC 604*	
___**General House Keeping / Storage** *IFC 315.1*	_____

Based on the inspection completed above, the mobile food vehicle referenced in the information above **DOES / DOES NOT** (circle one) demonstrate ***substantial compliance*** with the adopted codes, standards, and policies of the City of Des Moines Fire Department as witnessed on the date below.

Inspector_____ **Signature**_____ **Date**_____

Vendor_____ **Signature**_____ **Date**_____

Certified Food Protection Manager – certification information

http://www.extension.iastate.edu/foodsafety/

http://www.restaurantiowa.com/en/education__training/servsafe/

http://www.learn2serve.com/food-manager-certification

http://www.nrfsp.com/

http://www.servsafe.com/home

https://www.prometric.com/en-us/Pages/home.aspx

CERTIFICACIÓN EN ESPAÑOL DE GERENTE DE ALIMENTOS

- Iowa Restaurant Association
  Ana Rodriguez 515-635-5754
  https://www.restaurantiowa.com/product/inscripcion-clase-servsafe/
- Iowa State University Extension and Outreach
  Mary Krisco 515-957-5787
  http://www.extension.iastate.edu/polk/

IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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