



Mobile Food Unit Vendor Permit Application

\$150.00 per year
Permit Renewal Required Annually

GENERAL INFORMATION

Name of Business: _____

Mobile Food Unit Owner Information

Name: _____

Mailing Address: _____

Email: _____

Phone Number: _____

- State classification: (circle appropriate) Class I Class II Class III Class IV
 - Provide a copy of the State Health Inspection Certification
 - Class III and Class IV mobile food units require an inspection by the City’s Fire Department. Signature of inspector on this application is required.
Fire inspections are by appointment: call Huxley City Hall at 515-597-2561 to schedule.
- Make/Model/Year of mobile food unit: _____
- County/State/License Plate Number: _____
- Length of mobile food unit: _____ Width of mobile food unit: _____
- Description of kitchen facilities, cooking facilities, preparation areas, and safety features (suppression system, etc.): _____

- Provide photos of mobile food unit and attach a copy of the menu with this application.

Applicant is responsible for obtainment of all state or federal approvals, permits, and licenses required. Permit shall be affixed to or located within the mobile food unit at all times that the mobile food unit is operating within the City of Huxley. No application can be accepted for review unless all required information is submitted.

Applicant’s Signature: _____ Date: _____

Print Name: _____

Staff Use:

THE MOBILE FOOD UNIT SUBJECT OF THIS APPLICATION HAS BEEN INSPECTED BY THE HUXLEY FIRE AND RESCUE AND IS APPROVED FOR OPERATION WITHIN THE CITY OF HUXLEY.

Inspector Signature: _____

Print Name: _____

Date of Inspection: _____ Inspection Valid through: _____

Fire Department Conditions and/or Comments: _____

THE MOBILE FOOD UNIT SUBJECT OF THIS APPLICATION HAS BEEN APPROVED FOR OPERATION WITHIN THE CITY OF HUXLEY. OPERATION OF MOBILE FOOD UNIT SHALL BE IN ACCORDANCE WITH ALL REGULATIONS ESTABLISHED IN CHAPTER 124 AND ANY OTHER RESITRCTIONS PLACED AS PART OF A MULTIPLE VENDOR PERMIT FOR A PROPERTY UPON WHICH THE TRUCK IS LOCATED.

By: _____ Date: _____
Clerk

Permit Number: _____ Permit is valid from _____ to _____.