



# FOOD TRUCK APPLICATION

City of Grinnell, Iowa

Applicant to complete numbered spaces only.

1. NAME OF FOOD TRUCK BUSINESS:	ADDRESS FOR PLACEMENT OF FOOD TRUCK:				
2. FOOD TRUCK OWNER:	MAILING ADDRESS:	PHONE:			
3. DESCRIPTION OF BUSINESS TYPE AND PRODUCTS TO BE SOLD:					
4. DATES AND TIMES THE FOOD TRUCK BUSINESS WILL BE IN OPERATION:					
5. <u>ALL ITEMS DESCRIBED BELOW MUST ACCOMPANY THIS APPLICATION:</u>					
<ul style="list-style-type: none"> <li>• A COPY OF YOUR LICENSE FROM THE STATE OF IOWA FOOD AND CONSUMER SAFETY BEREAU</li> <li>• A COPY OF A BACKGROUND CHECK COMPLETED WITHIN 1 YEAR OF THE DATE THE APPLICATION IS SUBMITTED FOR THOSE WHOM WILL BE OPERATING.</li> <li>• CASH BOND, SURETY BOND, OR PROOF OF LIABILITY INSURANCE IN THE SUM OF AT LEAST \$10,000.00</li> <li>• <u>A PERMIT FEE OF \$25.00 PER MONTH (30 DAYS), OR \$250.00 FOR A YEAR MUST ACCOMPANY THIS APPLICATION. THE PERMIT ISSUANCE DATE WILL DETERMINE THE BEGINNING OF THE VALIDITY OF THE PERMIT AND ITS EXPIRATION DATE. FAILURE TO ACTIVELY HOLD A VALID PERMIT AND OPERATE A FOOD TRUCK MAY RESULT IN MUNICIPAL INFRACTIONS PER CITY OF GRINNELL CODE CHAPTER 3.</u></li> </ul>					
6. SIGNATURE OF OWNER OR AUTHORIZED AGENT:					
<p>-----</p> <p>DATE: -----</p>					
<b>WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT</b>					
PERMIT FEE	ADD. FEES & PENALTIES	TOTAL FEES	VALIDATION	DATE	RECEIPT #