

REC'D DATE:

BY/INITIALS:



APPROVED/DENIED (circle one)

DATE OF DECISION:

PERMIT: MOBILE FOOD/BEVERAGE UNIT

Phone: 712-949-3428 • 127 South Main • P.O. Box 239 • Paullina, Iowa 51046

Applicant Name: _____ Date: _____
Home Address: _____ Phone: _____
Owner contact info (if different from operator): _____
Business Name: _____ Phone: _____
Name/Street Address of Food Establishment: _____
Mailing Address: _____
Email Address: _____

This application is for (circle one): Mobile Food/Beverages Unit Pushcart Trailer Other _____
Year _____ Make _____ Model _____ IA License Plate # _____
Tow/extra vehicle: Year _____ Make _____ Model _____ IA License Plate # _____

Application for Mobile Food/Beverage Unit Permit* is for the use of Public Property such as, city street, ROW/parking area, public parking lots, parks or other public areas controlled by the City of Paullina. Operation on private property is exempt from obtaining a permit.

___ **Single Use Permit Fee: \$10** For a specific date, time, & location.
Date: _____ Time: _____ to _____
Location (detailed) _____

___ **One Week Permit Fee: \$50** For a specific date, time, & location.
Starting Date: _____ 7 days max Time: _____ to _____
Location (detailed) _____

___ **Six Month Permit Fee: \$150** For a specific date, time, & location.
Starting Date: _____ Time: _____ to _____
Location (for every use) _____

___ **Annual Use Permit Fee: \$300** Expires on December 31 of the year issued. (Not pro-rated)
Location (for every use) _____

****Issued permit is for a specific unit & specific location, which is not transferable to another unit or location. A new permit application must be completed & issued for each unit &/or location.***

For approval, please provide the following:

- ☐ Copy of Mobile Food Unit License required by the State of IA Department of Inspections, Appeals & Licensing (DIAL). License # _____ Expiration: _____
- ☐ Copy of Iowa Retail Sales Tax Permit. License # _____ Expiration: _____
- ☐ Proof of general liability insurance, including products liability coverage, in the amount of \$1,000,000 or more per occurrence & \$1,000,000 for property damage.

The service window must be facing a sidewalk, not the city street. Patrons cannot line up on a city street. Unit must not be within 5 feet of a fire hydrant or block handicap parking spots, alleys, or other entrances.

Applicant agrees to comply with Ordinance & all regulations, including that the location will be left clear & clean following operation, specifically removal of trash & clean-up of any spills. Limit any music/speaker volume to be reasonably heard within the vicinity of the unit. Any generator use will be positioned to reduce excessive noise or pollution to nearby area.

Signature of Applicant: _____

Printed Name/Title: _____ Date: _____

For City Office Use Only

Location approved: _____ Yes _____ No

Permit approved: _____ Yes _____ No

Additional Notes/Comments:

Payment received: _____ Yes _____ No

Date: _____

Signature of City Official: _____