



FOOD TRUCK APPLICATION FOR CITY LICENSE

City of Clinton
611 South 3rd Street
P.O. Box 2958
Clinton, IA 52733-2958
(563) 244-3421

License # _____

Date Issued: _____

SECTION I – NAME & ADDRESS

Name of Applicant

Home Address

City

State

Zip

Mailing Address (if different from home)

Phone#

Email Address (required)

Race

Height

Hair Color

Eye Color

I do hereby make application for the following City License:

<u>Type of License</u>	<u>Must Comply with City Code Chapter</u>	<u>Fee</u>	<u>Insurance Required</u>	<u>Expiration Date</u>
Food Truck	112A	\$200.00/yr.; \$100.00/6 months; \$15.00/day	\$1M	End of Permit Period or 1 Year from Issuance

SECTION II – BUSINESS & SALES INFORMATION

Name/Title of Business

Business Address

City

State

Zip

Description of Truck or Cart

Description of Food

Start Date

Duration of Sale/Solicitation

Iowa Department of Revenue Retail Sales Tax Permit Number

****NOTE: Food Trucks are prohibited from locating 1600' from a special event or within 100' of the primary entrance of a restaurant (6:30AM-10PM), without prior approval from the City.****



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SECTION II – BUSINESS & SALES INFORMATION CONT.

Name/Title of Business for Commissary Kitchen or Premises Where Food Prepared*

Business Address City State Zip

Name of Company Used for Fat, Oil and Grease Disposal

Business Address City State Zip

Name of Company or Location for Trash or Refuse Disposal

Business Address City State Zip

**Food establishment license must be provided for any commissary kitchen or premises where food is prepared for sale from the mobile food truck.*

SECTION III – EMPLOYMENT HISTORY

Type of Employment & Jurisdiction in Which Business was Conducted in the Past 12 Months:

Name of Business	Address of Business	Phone #	Supervisor	Time Employed



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SECTION VI – CONFIDENTIAL INFORMATION OF APPLICANT

Name of Applicant _____

Social Security # (optional)	Date of Birth	Place of Birth (City, State)	Driver's License #
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List all felonies and misdemeanor convictions, including traffic violations for the last ten (10) years:

Aliases (List All Other Names Ever Used):

SECTION VII – CHECKLIST FOR APPLICANT

- | | |
|--------------------------|--|
| <input type="checkbox"/> | City Application Completed? |
| <input type="checkbox"/> | DCI Background Check Form Completed? |
| <input type="checkbox"/> | Proof of Insurance with City of Clinton listed as an "additional insured" provided? |
| <input type="checkbox"/> | Inspection completed by Clinton Fire Department Building Safety Division (563-244-3360)? |
| <input type="checkbox"/> | Inspection completed and licensed issued by DIA (515-802-2984)? |
| <input type="checkbox"/> | State Sales Tax Certificate obtained & number provided (800-367-3388)? |
| <input type="checkbox"/> | All fees paid to City Finance Department? |

All items must be completed and submitted to the City Clerk's office before the application can be approved.

Please allow at least 2 weeks for your City license application to be processed.

SECTION VIII – OFFICE USE ONLY

License #	Fee Paid to Finance Office	DCI Background Check Completed	Approved by Police Department	Approved by Fire Department	Approved by DIA	Approved by Clerk