

CITY OF MARSHALLTOWN

APPLICATION FOR TRANSIENT MERCHANT LICENSE

Return completed applications to: City Clerk, 24 North Center Street, Marshalltown, IA 50158
Questions, please contact: City Clerk, 641-754-5701, clerk@marshalltown-ia.gov

| | | |
|--------------|----------------|-------|
| Company Name | Contact Person | Phone |
| Address | | Email |

What Product Are You Selling:

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Location of Operation (if not annual license):

Dates of Operation:

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Description of Unit:

| Vehicle Make/Model | Color | License Plate | State |
|--------------------|-------|---------------|-------|
| | | | |
| | | | |

List the individuals that will be operating the unit:

| Name | Date of Birth | Driver's License # / State |
|------|---------------|----------------------------|
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Requirements:

- ☐ Copy of State of Iowa Dept of Inspections & Appeals Mobile Food Unit License, 515-281-6538/dia.iowa.gov
- ☐ Inspection of unit by Fire Marshall - Schedule at 641-754-5751 x7105
- ☐ Payment of License Fee - Annual License: \$200/year (operation on private property as approved)
- ☐ Payment of License Fee - 24-Hour License: \$50 (operation on private or public property as approved)

I, the undersigned applicant, acknowledge receipt of the requirements relating to operations under this license and will operate pursuant to those requirements and by the requirements of the State of Iowa. I have read this statement before signing and the statements made herein are true and may be relied upon in granting this application.

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|---------------------|--------------|---------------------|
| Applicant Signature | Printed Name | Date of Application |
|---------------------|--------------|---------------------|