



MOBILE FOOD VENDORS APPLICATION

Name of Mobile Food Vendor: _____ Contact Person: _____

Address: _____ Contact Telephone: _____

Contact Email: _____ Date(s) of Event: _____

Department of Inspections and Appeals Food and Consumer Safety License No. _____

Expiration Date _____

Copy attached ☐ Yes ☐ No

***** Please attach a schedule of Maquoketa Events planning to attend.**

List all Mobile Food Vendor Operators:

Full name	Date of birth	Driver's license Number and State Issued
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mobile Vending Unit Vehicle Registration:

License of Vehicle(s): _____ State: _____

Make & Model: _____ Color: _____

Description of Mobile Food Unit: _____

FEES AND INSURANCE

If applicable, the applicant shall pay a fee in the sum of \$50.00 annually to the City Clerk at the time the application is submitted. No application shall be processed until this fee is paid in full by the applicant. The fee shall be non-refundable.

To be completed by City staff

(a) Fee Paid: _____ Receipt #: _____ Check #: _____ By: _____

(b) Applicant must provide a liability insurance coverage in the amount of \$500,000 or higher and it must list the City as an Additional Insured.

Insurance certificate attached: ☐ Yes ☐ No ☐ N/A

Form may be e-mailed to cityhall@maquoketaia.com or mailed to City Hall, 201 E Pleasant Street, Maquoketa, IA 52060.

It is hereby acknowledged that I am authorized to sign this agreement on behalf of the organization named above. I agree that the City of Maquoketa, Iowa and the employees of the City of Maquoketa, Iowa shall not be held responsible or liable for injury, damage or loss in any case whatsoever, either willfully or negligently to the applicant's merchandise, property or personnel, releases the City of Maquoketa expressly from any type of liability. If applicable, the applicant also agrees to provide liability insurance coverage in the minimum amount of \$500,000 to cover any such claims that may arise from the proposed event and have the City named as an "additional insured" on such insurance coverage.

I understand that a responsible/coherent adult must be present at all times during any sponsored event/activity on City property. I understand that if I or my organization fails to use the property responsibly or in conflict with City rules, I/we may be barred from further use of City facilities. I agree to return the property to the condition in which it was before I used it. I agree to remove all debris, materials, garbage etc. that is created as a result of my event.

I understand that by signing this form, I/we will be invoiced in order to reimburse the City for all costs and expenses for materials and labor and the cost of any damages related to said event that are incurred by the City.

I understand that by signing this form, it does not allow me use of City personnel (police department, public works etc.) or use of City equipment or materials (garbage cans, picnic tables, barricades etc.) without proper authorization and the correct forms filled out ahead of time.

I understand that the use of any City property must be approved by the Maquoketa City Manager.

Signature of Applicant

Date

Signature of City Manager

Date