



Mobile Food Vehicle Application

Date of Submission: _____ Duration: Daily ☐ Monthly ☐ Annual ☐

Name of Owner/Applicant: _____

Address: _____

Name of Business: _____

Phone: _____ Email _____

Vehicle information: Make _____ Model _____ Year _____

License Plate No. _____ Overall Size: Width _____ Length _____

Please attach all of the following to the application:

☐ Copy of food service license issued by the State of Iowa Department of Inspections and Appeals

☐ Photographs from the front, back and side of the mobile food unit

Signature

Date

Chief of Police

Date

Date Payment Received: _____

Date License Approved: _____

Fees: Daily \$25 ☐ Monthly \$150 ☐ Annual \$300 ☐

This permit shall be available for inspection at all times that the mobile food vehicle is in operation. In addition, a Special Event Permit is required during City affiliated events. City of Carroll Ordinance Chapter 122.