



APPLICATION FOR MOBILE FOOD VENDOR LICENSE

PLEASE RETURN TO: Washington City Hall, 215 East Washington;
ATTN: City Clerk
Contact Information: Sally Hart, 319-653-6584 ext. 131;
sallyhart@washingtioniowa.gov

Must have annual fire inspection complete

****Must be submitted to City Clerk at least 2 days prior to the day of the event****

*****License not required if previously authorized in conjunction with community special event application*****

1. APPLICANT INFORMATION

Name of Business: _____

Tax ID Number: _____

If required, is user licensed with the Washington County Environmental Health? __ Yes __ No

Event Sponsor (if applicable): _____

Name of Contact Person: _____

Contact Phone Number: _____

Email Address: _____

2. USE INFORMATION

Activity Description: _____

Annual License

Daily License

Make, model, year of vehicle to be used, and license plate number: _____

Description of Vehicle, Push Cart, etc. being used – including length, width, and height:

List below the dates of sale, addresses of locations, and property owner:
(contact City Clerk two business days before setting up, if exact locations and dates are not known at the time of the annual license application)

3. ATTACHMENTS

- Attach photos of the mobile food unit.
- Attach Fire Department certificate of compliance with annual inspection of the mobile food unit.
- Attach state/county health certificate of the mobile food unit.

4. INSURANCE

Proof of proper insurance coverage must be submitted prior to City Clerk consideration of the application. Clerk may require certificate of insurance with City listed as "additional insured" if deemed necessary.

___ Certificate of Insurance provided and accepted ___ Certificate of Insurance not required

5. AGREEMENT

In consideration of the City of Washington, Iowa, granting permission for the activity described above, the undersigned Indemnifies and holds harmless the City of Washington, Iowa, Its employees, representatives and agents against all claims, liabilities, losses or damage for personal injury and/or property damage or any other damage whatsoever on account of the activity described above and/or deviation from normal City regulations in the area. The undersigned further agrees to indemnify and hold harmless the City of Washington, Iowa, its employees, representatives and agents against any loss, injury, death or damage to person or property and against all claims, demands, fines, suits, actions, proceedings, orders, decrees and judgments of any kind or nature and from and against any and all costs and expenses Including reasonable attorney fees which at any time may be suffered or sustained by the undersigned or by any person who may, at any time, be using or occupying or visiting the premises of the undersigned or the above-referenced public property or be in, on or about the same, when such loss, injury, death or damage shall be caused by or in any way result from or rising out of any act, omission or negligence of any of the undersigned or any occupant, visitor, or user of any portion of the premises or shall result from or be caused by any other matters or things whether the same kind, as, or of a different kind that the matters or things above set forth. The undersigned hereby waives all claims against the city for damages to the building or Improvements that are now adjacent to said public property or hereafter built or placed on the premises adjacent to said property or in, on or about the premises and for injuries to persons or property In or about the premises, from any cause arising at any time during the activity described above. The undersigned further agrees to comply with all the codes, rules, regulations, terms and conditions established by the City of Washington, Iowa.

THE UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THIS DOCUMENT, INCLUDING THE FACT IT IS
RELEASING AND WAIVING CERTAIN POTENTIAL RIGHTS, AND VOLUNTARILY AND FREELY AGREES TO THE
TERMS AND CONDITIONS SET FORTH HERIN.

Applicant Signature

Date

CITY CLERK APPROVAL

City Clerk Signature

Date of Action

Approved: ____

Denied: ____

Date License Commences: _____

Date License Expires: December 31, _____

CONDITIONS IMPOSED: .
