CITY OF REINBECK
414 MAIN STREET
REINBECK, IA 50669-1050

PHONE: 319-788-6404 FAX: 319-788-6910 cityhall@reinbeck.net

Chapter 124: Mobile Food Service Vendor Application
License Application
PERMIT FEE: $100 PER YEAR

Application Date:_____

Applicant's Name_____ Applicant's Date of Birth_____

Applicant's Permanent Address:_____ Email:_____
_____

Business Name: _____ Business EIN#:_____

Business Address: _____
_____

State License Received? _____YES _____NO (A copy must be enclosed in order for this application to be processed.)
Proof of General Liability Insurance Received? _____YES _____NO (A copy of a current certificate of insurance must be enclosed in order for this application to be processed.)
I am aware wastewater needs to be collected and disposed of. _____(Initials) Storm water intakes are not legal disposal sites.

Employer: _____ Employer EIN# _____

Employer Address: _____
_____

Employer Phone: _____

Nature of the Business: _____ Location: _____

Last three locations of such business:
1. _____
2. _____
3. _____

Applicant Signature _____

Once completed, you can email application, state license, and copy of driver's license to cityhall@reinbeck.net.

To be completed by office staff only:
License Valid From _____ to _____.
Date Issued: _____ Fee Paid: _____.
Authorized By: _____ (City Clerk or Mayor)