

APPLICATION FOR MOBILE FOOD UNIT/PUSHCART LICENSE

License fee **\$27.00**

Make check payable to:

North Central Iowa Regional Inspection Division

22 North Georgia, Ste 300

Mason City, IA 50401

641-421-9336

Date of Application _____

Type of application: _____ Renewal

_____ Change of ownership

_____ New → _____ Opening date

Give previous owner or business name:

Last license number: _____

Name of business: _____

Owner's Name: _____ Telephone: _____

Street or PO Box: _____ City: _____ State: _____ Zip: _____

Mailing address for all correspondence if different than above:

Street or PO Box: _____ City: _____ State: _____ Zip: _____

Iowa Code section 137F.1 defines a "mobile food unit" as: a food establishment that is readily movable, which either operates up to three (3) consecutive days at one location or returns to a home base of operation at the end of each day. "Pushcart" means a non-self-propelled food establishment limited to serving non-potentially hazardous foods or commissary-wrapped food maintained at proper temperatures, or limited to the preparation and serving of frankfurters.

Please list the name and address of the home base for the mobile food unit or pushcart:

Name: _____

Address: _____

Is this site licensed as a food service establishment or retail food establishment? ___Yes ___No

If yes, provide the food service establishment or retail food establishment license number: _____

ANY CHANGE IN OWNERSHIP REQUIRES A NEW LICENSE
LICENSES ARE **NOT** TRANSFERABLE. CURRENCY SENT AT OWNER'S RISK.

Signature of Applicant: _____

For Office Use Only

ck date _____ \$ _____ ck # _____