

# Mobile Food Unit Vendor Application



Submit Application to:

City Clerk's Office  
4200 Mills Civic Parkway, Suite 2B  
P.O. Box 65320  
West Des Moines, IA 50265-0320  
515-222-3600  
[www.wdm.iowa.gov](http://www.wdm.iowa.gov)

*\*\* Note: Changes from that indicated within this application will require the submittal of a new application for review, payment of new application fees and City approval. This includes changes to State identified mobile food unit classifications.*



# Mobile Food Unit Vendor Application

**NO APPLICATION CAN BE ACCEPTED FOR REVIEW UNLESS  
ALL REQUIRED INFORMATION IS SUBMITTED.**  
(Review completed within 10 business days from date of submittal)

**Application Fees:** State Classifications I and II = \$280.00/year  
State Classifications III and IV = \$350.00/year

## GENERAL INFORMATION

**Name of Business:** \_\_\_\_\_

### **Mobile Food Unit Owner Information:**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

\*\*\*\*\*

- State classification: (circle appropriate) Class I Class II Class III Class IV
  - Provide a copy of the State Health Inspection Certification
  - Class III and Class IV mobile food units require an inspection by the City's Fire Department. Signature of inspector on this application is required.  
Fire Inspections are by appointment: call 515-222-3420 to schedule.
- Make, model and year of mobile food unit: \_\_\_\_\_
- County, State and License Plate Number: \_\_\_\_\_
- Length of mobile food unit: \_\_\_\_\_ Width of mobile food unit: \_\_\_\_\_
- Description of kitchen facilities, cooking facilities, preparation areas, and safety features (suppression system, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Provide photos of mobile food unit with application.

**Applicant is responsible for obtainment of all state or federal  
approvals, permits, and licenses required.**

**Applicant's Signature:** \_\_\_\_\_

**By (print name):** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*\*\*\*\*

**Staff Use:**

**THE MOBILE FOOD UNIT SUBJECT OF THIS APPLICATION HAS BEEN INSPECTED BY THE WEST DES MOINES FIRE DEPARTMENT OR AN ACCEPTABLE METRO AGENCY AND APPROVED FOR OPERATION WITHIN THE CITY OF WEST DES MOINES.**

WDM Inspector Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Inspection Valid through midnight April 14, \_\_\_\_\_

Fire Department Conditions and/or Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE MOBILE FOOD UNIT SUBJECT OF THIS APPLICATION HAS BEEN APPROVED FOR OPERATION WITHIN THE CITY OF WEST DES MOINES. OPERATION OF MOBILE FOOD UNIT SHALL BE IN ACCORDANCE WITH ALL REGULATIONS ESTABLISHED IN TITLE 3, CHAPTER 7, SECTION 4 AND ANY OTHER RESTRICTIONS PLACED AS PART OF A MULTIPLE VENDOR PERMIT FOR A PROPERTY UPON WHICH THE TRUCK IS LOCATED.**

By: \_\_\_\_\_  
Ryan T. Jacobson, City Clerk

Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

Said permit shall be valid from \_\_\_\_\_ to midnight April 14, \_\_\_\_\_.

**\*\* Permit shall be affixed to or located within the mobile food unit at all times that the mobile food unit is operating within the City of West Des Moines.**