

City of Iowa Falls

APPLICATION – Food Truck Permit



Company or Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Federal Tax ID: _____

Iowa Retailer's Use Tax Permit Number: _____

Insurance Carrier: _____

The following documents must be submitted with application:

- State of Iowa Health Permit
- State of Iowa Tax Permit
- Certificate of Insurance

Permit will be valid for one calendar year.

Signature: _____ Date: _____

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Fee Amount: \$100