



Permit #: _____
 Date Received by City: _____
 Fee: \$ _____

CITY OF NEW HAMPTON, IOWA
MOBILE RESTAURANT PERMIT APPLICATION AND APPROVAL

Applicant Information:

Name of Applicant:
Applicant's Address:
Applicant's Telephone Number:
Applicant's Alternate Telephone Number (Optional):
Applicant's Fax Number (Optional):
Applicant's Email Address (Optional):

Property Information:

General Address(es) of Property(ies) Where the Mobile Restaurant Will Be Located (parcel number, street address or road address):

Request Information:

Existing Use and Owner of Property:
Has Owner Provided Permission for the Mobile Restaurant to Be Parked on Their Property ___ Yes ___ No <i>This is Required for Private Property.</i>
Zoning Classification or District (Property Must Be Zoned Commercial or Manufacturing to Host a Mobile Restaurant):
Attach Vendor's State Permit:

Acknowledgement and Certification of the Applicant and/or Owner:

I/We understand this application, and that it with required attachments, constitutes our complete permit application for the proposed use or improvement stipulated above. I/We certify that the information we have provided to the Zoning Administrator is complete, accurate, and true to the best of our knowledge. Any intentional falsification or change in the information contained in this application, or to the attached information, shall cause: this application to become null and void and any approval granted herein to be revoked.

I/We understand the nonrefundable fee for consideration of this application is \$ _____. Under no circumstances shall all, or part, of this fee be refunded to applicant.

An applicant who is issued a permit is bound by the City Zoning Ordinance and City Code of Ordinances.

Applicant Signature

Owner Signature, if not the applicant

Date: _____

Date: _____

Approval of the City:

Based on the information provided in this application, and attested to, by the applicant, I have reviewed the request and hereby approve of this application and permit for zoning compliance on behalf of the City of New Hampton, Iowa.

Signature of Zoning Administrator

Date: _____