

**MOBILE ICE CREAM VENDOR BUSINESS  
APPLICATION FOR OWNER'S LICENSE  
CITY ORDINANCE: CHAPTER 5.18**

Application Date \_\_\_\_\_ Business Opening Date \_\_\_\_\_

Business Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Business Dispatch Location(s) & Telephone Number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF SOLE PROPRIETOR:**

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

**IF CORPORATION:**

Address of principal office \_\_\_\_\_

Name, address, and birth dates of all officers, board members, and shareholders:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Registered Agent \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

State of incorporation \_\_\_\_\_

**IF PARTNERSHIP:**

Address of principal office \_\_\_\_\_

Name, address, and birth dates of all officers, board members, and shareholders:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Registered Agent \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**WORK HISTORY**

List applicant’s work or corporate history for past five (5) years. If partnership or corporation; list information for all partners, officers, board members, and shareholders or members. **If corporation is foreign, provide a copy of certificate to do business in State of Iowa.**

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**PAST TERMINATION OF LICENSE OR CRIMINAL ACTIVITY**

Has the business or sole proprietor, or any partner, or corporate officer, board member, or shareholder of the business ever been the subject of any of the following actions?

**(CIRCLE ONE):**

- |   |     |    |
|---|-----|----|
| 1. Denial of any license by a governing body.                       | YES | NO |
| 2. Revocation or suspension of any license.                         | YES | NO |
| 3. Any arrest for felony or misdemeanor conviction(s).              | YES | NO |
| 4. Any conviction for felony or misdemeanor conviction(s).          | YES | NO |
| 5. A registered sex offender in Iowa or any other state or country. | YES | NO |

If the answer to any question above was YES, state date of occurrence and final disposition:

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**VEHICLE(S) INFORMATION**

- A. Number of vehicle(s) to be operated by applicant: \_\_\_\_\_
- B. **Please provide a photocopy of the driver’s license of the applicant and for all officers, board members, and shareholders or members.**

**ANNUAL SOUND CALIBRATION**

Every calendar year prior to April 1<sup>st</sup>, the sound broadcast system on vehicle(s) shall be calibrated by the police department to ascertain at what level the system may broadcast in order to not exceed 70 dBA Leq (1), as those terms are defined in Davenport Municipal Code Chapter 8.19, at a distance of 30 feet from the vehicle. Operating the sound system above this level is prohibited.

I agree in the course of doing business or operating a vehicle from which frozen desserts are being sold, owners and operators will comply with all applicable federal, state, and local laws including but not limited to, motor vehicle codes and health department regulations.

I hereby swear (or affirm) under penalty or perjury that the representations made by me in this application and in its supporting documents is complete, true and accurate, to the best of my knowledge and belief and that I am authorized to execute this application.

Name of person swearing to or affirming the above oath:

\_\_\_\_\_ Date \_\_\_\_\_  
Print or Type Signature

**IDEMNIFICATION AGREEMENT**

The applicant/licensee hereby agrees to hold harmless and to indemnify the Corporate City of Davenport and Scott County, Iowa or it's agents and employees from any and all claims brought against the agents and employees as the result of any act or commission or omission on the part of the Applicant/Licensee, His/Her heirs, successors or assigns regardless whether such act, or commission is the direct or indirect result of the authority granted by the MOBILE ICE CREAM VENDOR LICENSE.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_  
Print or Type Signature

Address \_\_\_\_\_

**RELATIONSHIP TO BUSINESS** \_\_\_\_\_

State of Iowa)  
) SS:  
County of Scott)

Subscribed and sworn to before me, a Notary Public, and for said County and State,  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

**Return To:**

City of Davenport  
Business Licensing  
226 West 4<sup>th</sup> Street  
Davenport, Iowa 52801

**Information:**

Telephone 563-326-7715  
Fax 563-326-7722  
(TDD) 563-326-6145  
Website: www.cityofdavenportiowa.com

License Fee \$300.00

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Police Department

\_\_\_\_\_ Approval \_\_\_\_\_ Disapprove

Comments-

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By \_\_\_\_\_ Date \_\_\_\_\_

License Fee \$ \_\_\_\_\_ Fee Code \_\_\_\_\_ Date Paid \_\_\_\_\_ Account Number \_\_\_\_\_

License Fee: \$300.00