



**City of Davenport**  
226 West 4th Street  
Davenport, Iowa 52801  
Phone (563) 326-6163

**APPLICATION FOR MOBILE FOOD UNIT SPECIAL OCCURRENCE PERMIT (PREMISE ONLY)**  
**City Ordinance: Chapter 5.19**

To have an on-street mobile food vendor in front of a business, the premise/property owner must obtain a special occurrence permit from the City of Davenport. Only one special occurrence permit may be issued for a particular date.

This is a special permit and is required in addition to any other city business license the applicant or licensee may hold or be required to hold. **Special occurrence permits are subject to City Council approval at a regularly scheduled City Council meeting after letters have been mailed to properties within 200'. All vendors operating under special occurrence permits must have valid Mobile Food Unit Public Permits.**

Premise/Property Owner Name \_\_\_\_\_

Premise/Property Owner Phone Number and Email \_\_\_\_\_

Premise/Property Owner Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Owner/Operator \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number and Email \_\_\_\_\_

Emergency Contact and Phone Number \_\_\_\_\_

Location/Address of Special Occurrence \_\_\_\_\_

Date(s) of Operation: \_\_\_\_\_ Time(s) of Operation: \_\_\_\_\_

(If this is to be on a regular basis, please be specific on the dates/times, i.e. every Thursday, Friday, and Saturday 6:00 p.m. – midnight, April-October.)

Is this request connected to an event at your business? \_\_\_\_\_ YES \_\_\_\_\_ NO

I agree to abide by all regulations of the Mobile Food Unit policy as outlined in Chapter 5.19 of the Davenport Municipal Code. I understand that only one vendor may occupy the on-street space at a time, and I will ensure that no mobile food vendors are occupying space that is not outlined in this application package.

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Witness (Clerk's Office Representative)

**Return to City Clerk's Office**

**Service Period** | Dates as outlined in application above

**Permit Fee** | \$100 payment per application

**Attachments** | Diagram of proposed vendor location