



City of Davenport
Revenue Department
226 West 4th Street
Davenport, Iowa 52801
Phone (563) 326-7715

MOBILE ICE CREAM VENDOR BUSINESS
APPLICATION FOR OPERATOR LICENSE
CITY ORDINANCE: CHAPTER 5.18

Application Date _____ Company Name _____

Applicant's Name _____ Date of Birth _____

Street _____ City _____ State _____ Zip _____

Work History for past 5 years:

Four horizontal lines for work history entry.

List all felony and misdemeanor conviction for last 5 years:

Four horizontal lines for conviction entry.

Is the applicant a registered sex offender in Iowa, any other state, or country? Yes _____ No _____

Attach a copy of the applicant's driver's license.

I hereby swear (or affirm) under penalty of 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.

Signature _____

Date _____

State of Iowa
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

Fee \$50.00 Charge Code 0132