



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

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.**

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:

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 1st, 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 4th 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-

By _____ Date _____

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

License Fee: \$300.00