



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:

List all felony and misdemeanor conviction for last 5 years:

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