

PERMIT APPLICATION FOR

PEDDLER _____ **SOLICITOR** _____ **TRANSIENT MERCHANT** _____ **MOBILE FOOD VENDOR** _____

Date _____

Name: _____
First *Mi* *Last*

Social Security Number _____

Home Address _____

Employer's Name _____

Employer's Federal ID # _____

Employer's Address _____

Employer's Phone No _____

Nature Of Business _____

Last Three Places of Sales

- 1. _____
- 2. _____
- 3. _____

Fees:

1 day	\$ 25.00
1 week	\$ 50.00
1 month	\$100.00
1 year	\$250.00

Time restriction - Food Trucks: 8:00 a.m. to 10:00 p.m.
Time restriction – all others: 10:00 a.m. to 7:00 p.m.

Duration of Permit and Date(s) _____

Vehicle Description: State _____ Lic. No. _____ Year/Make/Model _____ Color _____

Parking Location for Transient Merchant or Food Truck will be determined in cooperation with City Clerk or designee

State of Iowa Department of Inspections & Appeals License Number. _____ Date: _____
(Food Trucks)

APPLICANT'S SIGNATURE _____

*Copies to: City Hall
Police Department
Merchant Copy with City Seal*