

**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 \_\_\_\_\_ Email address \_\_\_\_\_

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) \_\_\_\_\_ Amount Paid: \_\_\_\_\_

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. \_\_\_\_\_ Exp Date: \_\_\_\_\_  
*(Food Trucks) A current copy must be on file with City Hall*

APPLICANT'S SIGNATURE \_\_\_\_\_

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