



APPLICATION FOR CITY LICENSE

City of Clinton
 611 South 3rd Street
 P.O. Box 2958
 Clinton, IA 52733-2958
 (563) 244-3421

License # _____
Date Issued: _____

SECTION I – NAME & ADDRESS

Name of Applicant _____

Home & Mailing Address _____	City _____	State _____	Zip _____
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Phone# _____

I do hereby make application for the following City License *(check all that apply)*:

<input type="checkbox"/>	<u>Type of License</u>	<u>Must Comply with City Code Chapter</u>	<u>Fee</u>	<u>Fee After July 1st</u>	<u>Insurance Required</u>	<u>Expiration Date</u>
<input type="checkbox"/>	Park Vendor	05/1993 Policy	\$100.00	\$50.00	\$1M liability	Dec. 31
<input type="checkbox"/>	Salvage Yard	Resolution	\$250.00	\$125.00	No	Dec. 31
<input type="checkbox"/>	Hauler	50	\$150.00	\$150.00	\$1M liability	Dec. 31
<input type="checkbox"/>	Bowling Alley	116	\$75.00	\$37.50	No	Dec. 31
<input type="checkbox"/>	Carnival	116	\$25.00/day	N/A	\$1M liability	N/A
<input type="checkbox"/>	Dance Hall	116	\$240.00	\$120.00	No	Dec. 31
<input type="checkbox"/>	Fortuneteller	116	\$100.00	\$50.00	No	Dec. 31
<input type="checkbox"/>	Pool Tables <i># of Tables _____</i>	116	\$50.00 – 1 st table; \$20.00 ea. add'l table	\$25.00 – 1 st table; \$10.00 ea. add'l table	No	Dec. 31
<input type="checkbox"/>	Tree Trimmer	116	\$50.00 + \$50.00 if tree falls in City ROW/City Property	\$25.00 + \$50.00 if tree falls in City ROW/City Property	\$1M liability	Dec. 31
<input type="checkbox"/>	Video Game <i># of Games _____</i>	116	\$50.00/game	\$25.00/game	No	Dec. 31



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SECTION II – BUSINESS & SALES INFORMATION

Name/Title of Business

Business Address City State Zip

Start Date (*carnival only*) Duration of Sale (*carnival only*)

SECTION III – PRIOR LICENSE REVOCATION

Has a similar license from the City of Clinton or any other jurisdiction been revoked? If yes, why:

SECTION IV – RELEASE AND DISCLOSURE

I hereby swear and affirm that each that each statement and all information in or supplementing this application is complete and true and accurately recorded to the best of my knowledge. I understand that providing false, misleading and/or incomplete information on this application will result in my not obtaining a City License in the City of Clinton, Iowa.

Signature of Applicant

Date



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SECTION V – CHECKLIST FOR APPLICANT

- City Application Completed?*
- Inspection completed by Building & Neighborhood Services Department (563-244-3360) (if required)?*
- All fees paid to City Finance Department?*

All items must be completed and submitted to the City Clerk’s office before the application can be approved.

Please allow at least 2 weeks for your City license application to be processed.

SECTION VI – OFFICE USE ONLY

License#	Fee Paid to Finance Office	Approved by BNS Department	Approved by Clerk