



TRANSIENT MERCHANT 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

Phone#

Race Height Hair Color Eye Color

I do hereby make application for the following City License:

<input checked="" 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>
	Transient Merchant	112	\$15.00/day or \$200.00/yr.	\$100.00 (if yearly fee)	No	End of Permit Period or Dec. 31

SECTION II – BUSINESS & SALES INFORMATION

Name/Title of Business

Description of Merchandise

Start Date Duration of Sale/Solicitation Hours of Sale/Solicitation
(Cannot be outside of 8AM-7PM)

Address of Where Sale Held City State Zip

Owner of Property *(cannot be owned by City of Clinton/City property)*

Mailing Address for Property Owner City State Zip

Phone# for Property Owner



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SECTION III – EMPLOYMENT HISTORY

Type of Employment & Jurisdiction in Which Business was Conducted in the Past 12 Months:

Name of Business	Address of Business	Phone #	Supervisor	Time Employed

SECTION IV – PRIOR LICENSE REVOCATION

Has a similar license from the City of Clinton or any other jurisdiction been revoked?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

SECTION V – RELEASE AND DISCLOSURE - APPLICANT

I _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Clinton, Iowa, whether said records are of a public, private or confidential nature, including criminal histories.

I _____, do hereby authorize the Clinton Police Department, or its designee, to obtain finger prints and take a photograph of myself for identification purposes.

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 Transient Merchant City License in the City of Clinton, Iowa.

Signature of Applicant

Date



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SECTION VI – RELEASE AND DISCLOSURE – PROPERTY OWNER

I _____, do hereby allow _____, to
be locate upon the property at _____ a structure, tent, trailer or
for the sale of _____ for the period of ____/____/____ to ____/____/____.

Signature of Property Owner

Date



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SECTION VII – CONFIDENTIAL INFORMATION OF APPLICANT
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Name of Applicant

Social Security #	Date of Birth	Place of Birth	Driver's License #
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List all felonies and misdemeanor convictions, including traffic violations for the last ten (10) years:

SECTION VIII – CHECKLIST FOR APPLICANT

- City Application Completed?*
- DCI Background Check Form Completed?*
- Inspection completed by Building & Neighborhood Services Department (563-244-3360) (if selling food/drink)?*
- Inspection completed by DIA (515-802-2984) (if selling food/drink)?*
- State Sales Tax Certificate obtained (800-367-3388)?*
- 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 IX – OFFICE USE ONLY

License#	Fee Paid to Finance Office	DCI Background Check Completed	Approved by Police Department	Approved by Fire Department	Approved by BNS Department	Inspected by DIA	Approved by Clerk