



# TRANSIENT MERCHANT APPLICATION FOR CITY LICENSE

City of Clinton  
611 South 3<sup>rd</sup> 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Has a similar license from the City of Clinton or any other jurisdiction been revoked?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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<b>SECTION VII – CONFIDENTIAL INFORMATION OF APPLICANT</b>
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Name of Applicant \_\_\_\_\_

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


Aliases (List All Other Names Ever Used):


<b>SECTION VIII – CHECKLIST FOR APPLICANT</b>
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- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | City Application Completed?   |
| <input type="checkbox"/> | DCI Background Check Form Completed?  |
| <input type="checkbox"/> | Inspection completed by Building & Neighborhood Services Department (563-244-3360) (if selling food/drink/fireworks)? |
| <input type="checkbox"/> | Inspection completed by DIA (515-802-2984) (if selling food/drink)?   |
| <input type="checkbox"/> | State Sales Tax Certificate obtained (800-367-3388)?  |
| <input type="checkbox"/> | 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.\***

<b>SECTION IX – OFFICE USE ONLY</b>
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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