



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 Address City State Zip

Mailing Address (if different from home)

Phone# Email Address

Race Height Hair Color Eye Color

I do hereby make application for the following City License:

<u>Type of License</u>	<u>Must Comply with City Code Chapter</u>	<u>Fee</u>	<u>Insurance Required</u>	<u>Expiration Date</u>
Transient Merchant	112	\$15.00/day or \$200.00/yr.	\$1M	End of Permit Period or 1 Year from Issuance

SECTION II – BUSINESS & SALES INFORMATION

Name/Title of Business

Business Address City State Zip

Business Phone# Business Email

Description of Merchandise

Start Date Duration of Sale/Solicitation Hours of Sale/Solicitation
(Cannot be outside of 8AM-10PM)

Description of Structure, Tent, Trailer or Iowa Department of Revenue Retail Sales
Configuration Which Sale Conducted Tax Permit Number



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SECTION II – BUSINESS & SALES INFORMATION CONT.

Address of Where Sale Held* City State Zip

Owner of Property

Mailing Address for Property City State Zip
Owner

Phone# for Property Owner

Sales can only occur on properties zoned: C-1 Local Commercial District, C-2 General Commercial District, C-2M General Commercial/Light Manufacturing District, PWC Parkway Commercial District, C-3 Central Business District, C-4 Planned Commercial District, C-R Commercial/Recreation District, M-1 Light Industrial District, M-2 Heavy Industrial District and M-3 Industrial Park District*

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



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SECTION IV – PRIOR LICENSE REVOCATION

Has a similar license from the City of Clinton or any other jurisdiction been revoked?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

Yes

No

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, or trailer
for the sale of _____ for the period of _____ to _____

Signature of Property Owner

Date



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SECTION VII – CONFIDENTIAL INFORMATION OF APPLICANT

Name of Applicant _____

Social Security # _____ Date of Birth _____ Place of Birth (City, _____ Driver's License # _____
(optional) _____ State) _____

List all felonies and misdemeanor convictions, including traffic violations for the last ten (10) years:

Aliases (List All Other Names Ever Used):

SECTION VIII – CHECKLIST FOR APPLICANT

<input type="checkbox"/>	City Application Completed?
<input type="checkbox"/>	DCI Background Check Form Completed?
<input type="checkbox"/>	Proof of Insurance with City of Clinton listed as an "additional insured" provided?
<input type="checkbox"/>	Inspection completed by Building & Neighborhood Services Department (563-244-3360) (if selling food/drink/fireworks)?
<input type="checkbox"/>	Inspection completed and license issued 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.

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