



TRANSIENT MERCHANT LICENSE APPLICATION

Applicant's Name: _____

Phone Number/Email: _____

Driver's License #: _____

Address: _____

Requested dates for the permit (From) _____ (To) _____

Applicant's Employer: _____

Phone Number: _____

Address: _____

Applicant's Business: _____
(Title & Nature)

Last Three Places of Such Business: _____

Where you will be located selling product:

License Fees:

- For one day \$25.00
- For one week \$50.00
- For up to six (6) months \$100.00
- For one year or major part thereof \$250.00

Applicant shall provide to the City Clerk evidence that they have filed a bond with the Iowa Secretary of State in accordance with Chapter 9C of the Iowa Code. See Chapter 122 of the Waukon City Code of Ordinances for any additional information.

Permit was (Approved) (Denied) on _____ for the period of _____,
from _____ to _____.

Waukon City Clerk