



CITY OF  
*Atlantic*

**LICENSE APPLICATION**  
(PLEASE COMPLETE ENTIRE APPLICATION)

**APPLICATION FEES DUE AT TIME OF APPLICATION**

Application Fee (**non-refundable**): \$50.00

License Fees, indicate dates

Daily (\$25) \_\_\_\_\_

Weekly (\$125) \_\_\_\_\_

Monthly (\$500) \_\_\_\_\_

One to Six Months (\$750) \_\_\_\_\_

Total Due: \_\_\_\_\_

Date Paid: \_\_\_\_\_

**Type of License**  **PEDDLER** (carrying good for immediate sale)  **SOLICITOR** (house to house on public streets)

**TRANSIENT MERCHANT** (temporary merchandising business)  **MOBILE FOOD VENDOR** (food from a vehicle)

(Please Print)

FULL NAME (applicant) \_\_\_\_\_

Local address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Permanent residence: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone #: \_\_\_\_\_

Gender:  **M**  **F**  **NB**

**(\*\*Attach a copy of Driver's License\*\*)**

Driver's License # \_\_\_\_\_ State where license issued: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair color \_\_\_\_\_ Eyes \_\_\_\_\_

Business Name: \_\_\_\_\_ Company's Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone # \_\_\_\_\_

Product/Nature of Business: (Be Specific) \_\_\_\_\_

Last three (3) **cities and dates** applicant engaged in similar activity:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Vehicle Information:** (Please list all vehicles that will be used in the course of license. Attach separate page if needed.)

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_ License plate # \_\_\_\_\_ State \_\_\_\_\_

Have you been convicted of a felony, misdemeanor, or other crime involving force, violence, moral turpitude, deceit or fraud?

No  Yes Date of Conviction \_\_\_\_\_

Nature & Circumstance of Conviction: \_\_\_\_\_

Do you have any such charges pending now? \_\_\_\_\_ If so, give full details: \_\_\_\_\_

Have you had a municipal license in the City of Atlantic before?  No  Yes Date: \_\_\_\_\_

Have you lived outside Iowa in the past 5 years?  No  Yes If yes, where? \_\_\_\_\_

**For Transient Merchants and Mobile Food Vendors Only**

Location in Atlantic of temporary business or food truck: \_\_\_\_\_

I, the undersigned, hereby swear that I will comply with all local, state and federal laws in conducting the business enterprise described herein; that all information contained in this application is true and I am aware that statements given on this application are subject to investigation and verification and that a permit shall be denied if the information provided on this application proves to be a misrepresentation of the facts. I promise to release the City of Atlantic, Iowa, its officials, agents or employs from any liability or damages which result from verifying the accuracy and reliability of the information contained on this application.

**\*\*Application must be complete and signed--incomplete and unsigned applications will not be processed.\*\***

\_\_\_\_\_  
Signature of Applicant Date Signature of Legal Guardian if applicant is a minor

FOR OFFICE USE ONLY:

Police Check: Date: \_\_\_\_\_ Officer Initials: \_\_\_\_\_

Certificate of Liability Insurance Received  Health Inspection Certificate Received (if applicable)

License  Approved From \_\_\_\_\_ to \_\_\_\_\_

Denied

\_\_\_\_\_  
Barb Barrick, City Clerk (or authorized designee)

\_\_\_\_\_  
Date

**Pursuant to Municipal Code Chapter 122.10 – Peddler’s and Solicitor’s licenses are in force and effect only between the hours of 8:00 a.m. and 6:00 p.m.**