

CITY OF WILLIAMSBURG, IOWA

210 W State Street
PO Box 596
Williamsburg, IA 52361
Phone 319-668-1133

PEDDLER/SOLICITOR/TRANSIENT MERCHANT APPLICATION & PERMIT

Application is hereby made to the City of Williamsburg for a permit to engage in or conduct a business as a peddler, transient merchant or solicitor at places within the city limits. This application is made pursuant to the provisions of City Code Chapter 122 and Iowa Code Chapter 9C and shall be filed at least 3 days prior to any sales.

NOTE: All information provided is open to public inspection under Iowa Code Chapter 22.

1. Company Name _____
Address _____ City _____ State ____ Zip _____
Telephone Number _____ Contact Person _____
Nature of Business _____

2. Applicant Name _____
Permanent Address _____ City _____ State ____ Zip _____
Temporary Local Address _____
City _____ State ____ Zip _____ Cell Phone No. _____

Vehicle Info: Year: _____ Make: _____ Model: _____ Color: _____
License Plate Info: State Issued: _____ Plate No.: _____
Auto Insurance Carrier _____ Agent Phone No. _____

Applicant Signature _____ Date _____

By signing, applicant affirms all information provided is true & correct, that there are no facts or issues in existence calling into question the reputation or character of the applicant and that all provisions of Williamsburg Code Chapter 122 and Iowa Code Chapter 9C shall be complied with.

(Additional Applicants must be listed on back)

3. State the value of the goods to be sold or offered for sale or the average inventory to be carried by each applicant engaging in or conducting an intermittent or temporary business:

4. State the date(s) that the goods, wares or merchandise shall be sold or offered for sale or date(s) intended to engage in or conduct a temporary or intermittent business:

5. State the location where such goods, wares or merchandise shall be sold or offered for sale, or such business engaged in or conducted:

6. Has a bond been filed by the applicant, with the Williamsburg City Clerk, which meets all requirements set forth in Iowa Code section 9C.4: Yes _____ No _____

***NOTE: Failure to file an original bond prohibits being issued a permit pursuant to Iowa Code section 9C.5**

7. Does the applicant have an Iowa retailer's sales tax permit : Yes ____ No ____

Permit # _____

***NOTE: Failure to hold an Iowa retailer's sales tax permit prohibits being issued a permit pursuant to Iowa Code section 9C.5**

Peddler or Transient Merchant Fees

- One Day \$25.00/applicant
- One Week \$50.00/applicant
- Six Months \$100.00/applicant
- One year \$125.00/applicant

Solicitor Fee:

- One Week \$50.00/applicant

- **\$10.00/applicant processing fee must be paid prior to issuance of permit**
- **Each applicant must submit a valid state issued identification card or driver's license**
- **Each applicant must provide a copy of auto insurance card for each vehicle proving a minimum of liability insurance coverage**

FOR OFFICE USE ONLY

Approved or Denied – Date _____ Approved By: _____

Amount Paid _____ Date Paid _____ Receipt/Permit No. _____

Additional Applicants

8. Applicant Name _____
Permanent Address _____ City _____ State ____ Zip _____
Temporary Local Address _____
City _____ State ____ Zip _____ Cell Phone No. _____

Vehicle Info: Year: _____ Make: _____ Model: _____ Color: _____
License Plate Info: State Issued: _____ Plate No.: _____
Auto Insurance Carrier _____ Agent Phone No. _____

Applicant Signature _____ Date _____

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9. Applicant Name _____
Permanent Address _____ City _____ State ____ Zip _____
Temporary Local Address _____
City _____ State ____ Zip _____ Cell Phone No. _____

Vehicle Info: Year: _____ Make: _____ Model: _____ Color: _____
License Plate Info: State Issued: _____ Plate No.: _____
Auto Insurance Carrier _____ Agent Phone No. _____

Applicant Signature _____ Date _____

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10. Applicant Name _____
Permanent Address _____ City _____ State ____ Zip _____
Temporary Local Address _____
City _____ State ____ Zip _____ Cell Phone No. _____

Vehicle Info: Year: _____ Make: _____ Model: _____ Color: _____
License Plate Info: State Issued: _____ Plate No.: _____
Auto Insurance Carrier _____ Agent Phone No. _____

Applicant Signature _____ Date _____

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11. Applicant Name _____
Permanent Address _____ City _____ State ____ Zip _____
Temporary Local Address _____
City _____ State ____ Zip _____ Cell Phone No. _____

Vehicle Info: Year: _____ Make: _____ Model: _____ Color: _____
License Plate Info: State Issued: _____ Plate No.: _____
Auto Insurance Carrier _____ Agent Phone No. _____

Applicant Signature _____ Date _____

By signing, applicant affirms all information provided is true & correct, that there are no facts or issues in existence calling into question the reputation or character of the applicant and that all provisions of Williamsburg Code Chapter 122 and Iowa Code Chapter 9C shall be complied with.