

# City of Sheldon

Peddler & Transient

416 9<sup>th</sup> Street, Sheldon, Iowa 51201 | Ph: 712-324-4651 Fax: 712-324-4601

Type of Permit:  Pushcart  Mobile Food Unit

Peddler, Solicitor, or Transient Merchant

Peddlers – Sell their merchandise on the spot. Solicitors – Take orders for their merchandise. Merchants – Sell from pushcart, truck, table, etc.

<b>Applicant</b>	Full Name:	List any other names used:	Fees:
	Joe Johnson		Dates of sale: <u>October</u>
	Address:	Telephone No:	License Fees:
	416 9 <sup>th</sup> ST	712.324.4651	<input type="checkbox"/> \$10.00 Per Day <input checked="" type="checkbox"/> \$50.00 Per Day <input type="checkbox"/> \$150.00 up to 6 months <input type="checkbox"/> \$300.00
City:	Zip:		
Sheldon, IA	51201		
Email:	License plate #:		
JoeJohnson@gmail.com	478 WZX IA		
<b>Business Information</b>	Name:	Nature of Business:	<input checked="" type="checkbox"/> Bond: See Chapter 122.06 of Code
	Joe's Burgers	Food	<input checked="" type="checkbox"/> Proof of general liability insurance
	Business Address:	Telephone No:	liability coverage, in the amount of \$1,000,000 per occurrence and \$2,000,000 for aggregate. A certificate of insurance shall be filed with the Clerk prior to the issuance of the license. Sheldon and its employees shall be insured's against any liability in connection with the operations of the business.
	416 9 <sup>th</sup> ST	712.324.4651	
City:	Zip:		
Sheldon IA	51201		
Description of goods to be sold:			
Burgers, etc			

If employer is a corporation, the state of it's incorporation whether it is authorized to do business in the state that the corporation has designated a resident agent in the city upon whom legal service of process in the corporation will be responsible for the acts of it's employees in the city:

This application will receive preliminary approval (Initials) upon proper submittal of required documents. Final approval will be provided after the City receives processing approval from the Office of the City Clerk.

I will be set up at  
123 main st on private property

Joe Johnson  
Signature of Applicant

Office Use Only: Date Rec'd & Initials: _____	Amount Paid: _____ Method: _____ Copy of Driver's License: <input type="checkbox"/> Bond: _____
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(office use only)

Know all people by these presence that this license has been issued To: \_\_\_\_\_  
Of: \_\_\_\_\_ for the purpose of selling \_\_\_\_\_  
In the City of Sheldon, Iowa, for the period of \_\_\_\_\_ to \_\_\_\_\_

City Manager \_\_\_\_\_

Sample

# Iowa Department of REVENUE

Hoover State Office Bldg  
1305 East Walnut  
Des Moines, IA

<https://tax.iowa.gov>

**Business eFile Number enclosed  
Keep with your records!**

nnnn032

**Your Business eFile & Pay Number (BEN) is:**

**Your Iowa Sales Tax Permit Number is:**

**Your Filing Frequency is:**

QUARTERLY

The eFile & Pay system is a paperless method of filing your Iowa tax deposits and returns. You can also pay electronically.

**Where do I begin?**

First, decide how you want to file your deposits/returns – online or by touch-tone telephone. Your deposit/return must always be filed first through eFile & Pay.

Second, choose how you will pay:

- **ePay** (free direct debit): Your bank may need the IDR ePay Bank Filter (Company-ID) 14
- **ACH Credit** (through your financial institution)
- **Credit Card** (information provided while filing)
- **Mail a Check** (using online payment voucher)

**How often do I file and pay taxes?**

The filing frequency listed above indicates how often you file and pay. A return must be filed even if you had no activity or no tax due.

**What if someone else files my returns for me?**

Please share this information with that person.

**What if I am registered for multiple tax types?**

The same BEN, User ID, and Password are used for all tax types.

**ACCESS eFile & Pay** Website: <https://tax.iowa.gov> Telephone: 1-800-514-8296

Sample

POST IN CONSPICUOUS PLACE

NONTRANSFERABLE

STATE OF IOWA

**DEPARTMENT OF INSPECTIONS AND APPEALS**

FOOD AND CONSUMER SAFETY BUREAU

FEE \$ 250.00 MOBILE FOOD UNIT LICENSE

NO

THE AFORESAID, HAVING DEPOSITED THE REQUIRED FEE, IS HEREBY GRANTED THE ABOVE LICENSE PURSUANT TO CHAPTER 137F, CODE OF IOWA. THIS LICENSE SHALL REMAIN IN FULL FORCE FROM THE DATE OF ISSUE UNTIL ITS EXPIRATION DATE, UNLESS REVOKED OR SUSPENDED FOR CAUSE BY THE DIRECTOR OF INSPECTIONS AND APPEALS FOR NONCOMPLIANCE WITH CHAPTER 137F, CODE OF IOWA OR RULES PROMULGATED PURSUANT THERETO.

- LICENSE FOR FOLLOWING LOCATION -

DATE OF ISSUE

EXPIRATION DATE



DIRECTOR

This license is issued by:  
SIOUXLAND DISTRICT HEALTH  
DEPARTMENT

THIS LICENSE MUST  
BE POSTED AT  
PHYSICAL LOCATION

1014 NEBRASKA ST  
SIOUX CITY, IA 51105-0083  
Phone: (712) 279-6119  
Email:  
Web Site: [www.siouxlanddistricthealth.org](http://www.siouxlanddistricthealth.org)

visit [food.iowa.gov](http://food.iowa.gov)



Sample  
CP 4

EMPLOYERS MUTUAL CASUALTY COMPANY

GENERAL LIABILITY DECLARATION

POLICY PERIOD: FROM 05/01/20 TO 05/01/21

POLICY NUMBER

NAMED INSURED:

PRODUCER:

DIRECT BILL

AGENT: AA 4435  
AGENT PHONE: (712) 338-2  
CLAIM REPORTING: (888) 3  
SERVICING CARRIER: (515

INSURED IS: LLC

BUSINESS DESC: FOOD TRAILER

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$	1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$	300,000	ANY ONE
MEDICAL EXPENSE LIMIT	\$	5,000	ANY ONE
PERSONAL AND ADVERTISING INJURY LIMIT	\$	1,000,000	ANY ONE ORGANIZ
GENERAL AGGREGATE LIMIT	\$	2,000,000	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$	2,000,000	

COVERAGES PROVIDED

PRODUCTS/COMPLETED OPERATIONS	\$	
OTHER THAN PRODUCTS/COMPLETED OPERATIONS	\$	

TOTAL ESTIMATED PREMIUM	\$	
BALANCE TO MINIMUM	\$	

TOTAL ESTIMATED POLICY PREMIUM \$

SEE ATTACHED SCHEDULE FOR LOCATION OF ALL PREMISES OWNED, RENTED OR OCCUPIED.

FORMS APPLICABLE:

CG0001 (04/13) \*, CG2106 (05/14) \*, CG2147 (12/07) \*, CG2170 (01/15) \*, CG2176 (01/15) \*, CG2407 (01/96) \*, CG7001A (10/12) \*, CG7003 (08/14) \*, CG7191 (08/14) \*, CG7720 (11/18) \*, IL0021 (09/08) \*, IL0276 (05/15) \*, IL7028 (05/15) \*, IL7131A (04/01) \*, IL8383.5A (01/20) \*, IL8576 (10/17) \*

AUDIT PERIOD: ANNUAL

DATE OF ISSUE: 04/09/20 BPP

Sam  
(p 5)

Copy of Driver's License

# IOWA

## DRIVER LICENSE

DL No

ISS

4b Exp

Sex **M** 16 Hgt

18 Eyes

Class **C** 9a End **L**

Rest **NONE**

♥ DONOR

3 DOB

5 DD