

City of Sheldon

Peddler & Transient Merchants

416 9th 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. Transient Merchants – Sell from pushcart, truck, table, etc.

Applicant	Full Name: _____	List any other names used: _____	Fees: Dates of sale: _____ License Fees: <input type="checkbox"/> \$10.00 Per Day <input type="checkbox"/> \$50.00 Per Week <input type="checkbox"/> \$150.00 up to 6 months <input type="checkbox"/> \$300.00 6 to 12 months
	Address: _____	Telephone No: _____	
	City: _____	Zip: _____	
	Email: _____	License plate #: _____	
Business Information	Name: _____	Nature of Business: _____	<input type="checkbox"/> Bond: See Chapter 122.06 of Sheldon City Code <input type="checkbox"/> Proof of general liability insurance, including products liability coverage, in the amount of \$2,000,000 or more per occurrence and \$2,000,000 for property damage. A certificate of insurance shall be delivered to the City Clerk prior to the issuance of a license. The City of Sheldon and its employees shall be named as additional insured's against any liabilities that may arise in connection with the operations of the licensees.
	Business Address: _____	Telephone No: _____	
	City: _____	Zip: _____	
	Description of goods to be sold: _____		
<p>If employer is a corporation, the state of it's incorporation whether it is authorized to do business in Iowa, and evidence that the corporation has designated a resident agent in the city upon whom legal service may be made and that corporation will be responsible for the acts of it's employees in the city:</p>			
<p>This application will receive preliminary approval (Initials) upon proper submittal of required documentation. Final approval will be provided after the City receives processing approval from the Office of Secretary of State.</p>			

Signature of Applicant

<i>Office Use Only:</i> Date Rec'd & Initials: _____	Amount Paid: _____ Method: _____ Copy of Driver's License: <input type="checkbox"/> Bond/Insurance Recv. <input type="checkbox"/>
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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 _____