

CITY OF WALFORD
PEDDLER, SOLICITORS, AND TRANSIENT
LICENSE APPLICATION

Full name: _____ Phone: _____

Permanent Address: _____
Street City State Zip Code

FAX number: _____ e-mail: _____

Local Address: _____
(Hotel/Motel Specify)

Social Security Number: _____

(PICTURE ID REQUIRED)

List information on all vehicles used while in Walford

Make	Model	Color	Year	State & License No.
------	-------	-------	------	---------------------

Make	Model	Color	Year	State & License No.
------	-------	-------	------	---------------------

Merchandise to be sold: _____

Employer's Name: _____ Phone: _____

Employer's Address: _____

Sales Tax # _____ or Exemption # _____

Is company incorporated? _____ If yes, what state incorporated in? _____

Is corporation authorized to do business in Iowa? _____ If yes, name of registered agent within a 75 mile radius of Walford?

Name	Mailing address	City	State	Zip
------	-----------------	------	-------	-----

List last three places of business: _____

Length of Permit: one day (\$25) ____ week (\$50) ____
 up to six months (\$75) ____ one year (\$100) _____

Application fee \$100.00

LICENSE IT NON TRANSFERABLE, MUST BE DISPLAYED AND IS IN FORCE AND EFFECT ONLY BETWEEN THE HOURS OF EIGHT O’CLOCK A.M. AND SEVEN O’CLOCK P.M.

BOND REQUIRED WITH SECRETARY OF STATE IN ACCORDANCE WITH CHAPTER 9 C OF THE CODE OF IOWA

I am aware of Section 122 of the City Code of Walford and agree to abide by those rules. All information I have provided above is true and accurate.

Date: _____

Applicant’s Signature: _____

Please attach proof of general liability insurance, including products liability in the amount of \$500,000 combined single limits.

OFFICE USE ONLY	
Fee paid _____	Insurance rec’d _____ Bond _____
Permit Number _____	Permit expiration date _____