



PEDDLER/TRANSIENT
MERCHANT LICENSE APPLICATION

- 1. Individual Peddler's Licenses are required for each peddler. Transient merchants will be required to purchase a license for each stand.
2. Food peddlers must first meet the requirements of the Health Department prior to any license application. The Health Department is located at 933 Avenue H.
3. If you wish to conduct business in a City-owned park, you must have the permission of the Park and Recreation Department.
4. Provide proof of liability insurance (\$300,000 per occurrence, \$600,000 annual aggregate, and \$300,000 per occurrence products liability coverage).
5. If you are on private property you must have the permission of the property owner.

The City requires at least 48 hours to process the application. The City also reserves the right to deny any application based on the results of the background search.

License Fees:

Table with 2 columns: License Duration and Fee. Rows include 1 Year (\$200), 180 Days (\$100), 90 Days (\$60), 30 Days (\$40), and 3 Consecutive Days (\$15).

Name: _____ Phone #: _____

Fed Tax ID #/Social Security Number: _____

Home Address: _____

Business Address: _____

Nature of Business: _____

Food Peddler – State Health Department Certification: _____Y _____N

State Sales Tax Identification Number: _____

Number of People in Group: _____

Name _____ Date of Birth _____ Driver Lic/Social Security No.* _____

*Social Security Number is required for out-of-state residents

Last three (3) places of business:

If on private property, do you have the permission of the property owner:

Y _____ N _____

Length of time to be covered by this license: Effective Date: _____

Expires: _____

I hereby certify that the products to be sold or the services to be performed do not, in any respect, infringe upon any Federal or State copyright or license, and that the information contained in this application is true and accurate to the best of my knowledge.

Applicant's Signature

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Clerk's Remarks:

Proof of Liability Insurance (\$300,000 per occurrence, \$600,000 annual aggregate, \$300,000 per occurrence products liability coverage): _____YES _____NO

Amount Paid: _____

License Issued Yes/ No License. #: _____