

# The City of *Atkins*

CITY OF ATKINS  
480 3<sup>RD</sup> AVE, SUITE 2  
ATKINS, IA 52206  
319-446-7870

PERMIT # _____
VALID: _____

## PEDDLER/SOLICITOR/TRANSIENT MERCHANT PERMIT APPLICATION

Application is hereby made to the City of Atkins 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 prior to any sales. **A \$50.00 fee per applicant shall accompany this application.**

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

1. Company Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_ 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 \_\_\_\_\_  
Insurance Agent Name \_\_\_\_\_ Agent Phone No. \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
By signing, applicant affirms all information provided is true & current, that there are no facts or issues in existence calling into question the reputation or character of the applicant and that all provisions of Atkins 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 applicants, with the Atkins 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 – Permit No. \_\_\_\_\_  No  
**NOTE: Failure to hold an Iowa retailer's sales tax permit prohibits being issued a permit pursuant to Iowa Code section 9C.5**

APPLICATION RECEIVED ON: \_\_\_\_\_ APPLICATION FEE OF \$ \_\_\_\_\_ PAID ON \_\_\_\_\_  
FORM OF PAYMENT: \_\_\_\_\_

PERMIT IS HEREBY – APPROVED  \$100.00 PERMIT FEE PAID ON: \_\_\_\_\_  
FORM OF PAYMENT: \_\_\_\_\_  
DENIED  IF DENIED, REASON \_\_\_\_\_

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Date

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 \_\_\_\_\_  
Insurance Agent Name \_\_\_\_\_ Agent Phone No. \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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 \_\_\_\_\_  
Insurance Agent Name \_\_\_\_\_ 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 \_\_\_\_\_  
Insurance Agent Name \_\_\_\_\_ 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. \_\_\_\_\_  
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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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