



**TRANSIENT MERCHANT LICENSE APPLICATION**  
(IE Food Trucks)

Date of Application: \_\_\_\_\_

Location of Site: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

**Validation Date/s of License:** \_\_\_\_\_

For one (1) Day ..... \$10.00

For up to 1 Month ..... \$250.00

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

In signing this application, the said above listed applicant states that he/she will attentively observe all limitations and restrictions to be found in Ordinance 122 relating to Peddlers, Solicitors and Transient Merchants made by the Council of the City of Clarion.

Applicant's Signature: \_\_\_\_\_

City Clerk Signature: \_\_\_\_\_

Police Dept Personnel/City Administrator: \_\_\_\_\_

FOR OFFICE USE ONLY

Amount Received:

Received by

**CITY of CLARION**

121 First Street SW

Clarion, Iowa 50525-0266

515.532.2847(o) 515.532.2171(f)

[www.clarioniowa.gov](http://www.clarioniowa.gov)