

PEDDLERS PERMIT

Date: _____

TO WHOM IT MAY CONCERN:

That in consideration of \$10 per day or \$250 per month, for each person soliciting plus the \$25 application fee, a license is hereby

Granted to: _____

Cell Phone Number: _____

Address: _____

Company: _____

For the purpose of selling _____ in the municipality of Clarion, Wright County, and State of Iowa.

**This License valid for Date: _____
from 8:00 a.m. until 6:00 p.m.**

Provide the said above attentively observes all limitations and restrictions to be found in Ordinance 122 relation to peddlers, Solicitors and Transient Merchants made by the Council of said municipality.

Vehicle Make: _____ Model: _____

License Plate Number: _____

Signed: _____

Peddlers/Solicitor/Transient Merchant

Signed: _____

Clarion City Clerk

Signed: _____

Police Department Personnel/City Administrator

A copy of Driver's License or Photo ID plus any soliciting information must be provided to City Clerk.

INHOUSE USE:

CHECK # _____ CASH _____