

City of Fort Dodge
819 First Ave. S., Fort Dodge, Iowa
(515) 576-4551

Requirements of License:
\$150.00 per week
\$5,000.00 Surety Bond

Application for License for Transient Merchant

Name of Person Making Application: _____

Address: _____
Street Address City, State Zip

Business Name: _____

Business Address: _____
Street Address City, State Zip

Local Address: _____ Telephone Number: _____

S.S. #/E.I.N.: _____ Date of Birth (if applicable): _____

Does Corporation have a Certificate of Authority to do business in State of Iowa? Yes ___ No ___

Do you have an Iowa Retail Sales Tax Permit: Yes ___ No ___ If so, what is the #: _____

Brief Description of Purpose for License/what do you plan on selling: _____

Date(s) which you propose to conduct business: _____

Description and License Number of Vehicle(s) Used: _____

Name and reference for most recent previous community in which licensed or operating:

I hereby authorize the City of Fort Dodge or its agents to make an investigation of my criminal/police record (which includes a National Criminal Investigation Check).

Date: _____ Applicant's Signature: _____

“Applicant states that he/she has read this application, that all the statements set forth therein are true and correct, that any fraudulent statements made upon this application may cause license, if issued, to be revoked.

“I hereby appoint the City Clerk of the City of Fort Dodge as my agent for service of process under the Iowa Rules of Civil Procedure for any and all claims arising hereunder.”

Applicant's Signature: _____

Application received by City Clerk _____

Date application forwarded to Chief of Police for approval _____

Chief of Police: _____ Approved or _____ Disapproved

Signature: _____

Date returned to City Clerk's Office: _____

License Number: _____

Date Issued: _____