



SULLY

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***Peddler, Solicitor, and Transient Merchant
License Application***

Name

Telephone Number

Address

Employer

Employer's Telephone Number

Employer Address

Product being Sold and/or Nature of Business

Communities in which Applicant/Business has solicited with the past two (2) years

Length of time sought to be covered by License

Beginning Date: _____

Ending Date: _____

Make, Model and Year of Vehicles Used and/or Location of Sales

Drivers: _____

Have you filed a bond with the Secretary of State in accordance with Chapter 9C of the Iowa Code: Yes _____ No _____

License Fee: _____

Date: _____

I hereby certify that the statements made herein are true and correct.

Applicant Signature