



**City of Clarence**

411 Lombard St  
PO Box 418  
Clarence, IA 52216

P: 563-452-3625  
F: 563-452-4128

**APPLICATION FOR PEDDLER/SOLICITOR/TRANSIENT MERCHANT LICENSE**

I, \_\_\_\_\_, do hereby make application to sell  
\_\_\_\_\_ in the City of Clarence, Iowa, for \_\_\_\_\_ days.

Social Security Number: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

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

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

Last three places of such business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please include the following:**

**Base Application Fee: \$2.00**

**License Fee (please check one):**

\_\_\_\_\_ Solicitor (future delivery): \$10/year

\_\_\_\_\_ Peddler (immediate delivery): \$5/day, \$25/week, \$100/semi-annually, \$175/annually

\_\_\_\_\_ Transient Merchant (at a site): \$5/day, \$25/week, \$100/semi-annually, \$175/annually  
(BOND REQUIRED)

**Copy of:**

\_\_\_\_\_ Driver's License      &      \_\_\_\_\_ Vehicle Registration

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date