



City of Sioux City
TRANSIENT MERCHANT LICENSE APPLICATION
(Chapter 4.56 of the Sioux City Municipal Code)

Date: _____

1. Applicant: _____ Phone: _____

Home Address: _____

2. Business Name: _____

Business Address: _____ Phone: _____

3. Manager/Supervisor: _____ SSN: _____

Home Address: _____ Phone: _____

Email: _____

If you have employees selling product for you (not independent agents) complete the Duplicate License Form.

4. License Fees

Up to three months	\$35.00	Up to one year	\$140.00	All <u>Annual</u> License fees are prorated and expire on December 31st of each year.
Up to six months	\$70.00	Duplicate license	\$2.00	

5. Dates License to be Effective: _____

6. Proposed Location of Sales*: _____

Lease or Written Permission from Property Owner Required: YES ☐ NO ☐ If YES, attach a copy to this application.

Temporary Structure or Sales from Vehicle: YES ☐ NO ☐ If YES, attach a site plan to this application.

**If on City Property you must obtain permission from the City Property Office or Public Works Department.*

7. How will sales be made: _____

8. Merchandise/service to be sold/offered for sale: _____

Is merchandise: New ☐ Damaged ☐ Rejects ☐ Sold from stock ☐ Orders/future delivery ☐/Deposit ☐

Where was it produced: _____ Where is it located now: _____

What is the cost of the highest priced item you will be selling: \$ _____

What is the retail value of the merchandise that will be located in Sioux City: \$ _____

9. City Staff Use Only: Bond required? YES ☐ Amount of Bond required: \$ _____
NO ☐ Add "No bond has been furnished to the City of Sioux City by the holder of this license" to the printed license.

10. Transient sales history for the past 3 years (attached additional sheets if necessary):

Dates

Location/Address/PO Box

Nature of Business

11. Have you previously applied for or held a transient merchant's license in Sioux City? YES ☐ NO ☐

If YES, was it ever denied or revoked: YES ☐ NO ☐ If YES, explain: _____

12. Has anyone listed on this application been convicted of a felony within the last five years: YES ☐ NO ☐

If YES explain: _____

13. Where will the merchants be staying in Sioux City during the time of the sale: _____

Certification: By signing the following, I agree to and certify that:

- The information contained herein is true, complete and correct; providing false information on this application will cause the license to be revoked.***
- I (and my employees) will comply with the provisions of Sioux City Municipal Code, Chapter 4.56 Sales Regulations and Transient Merchants, as well as the provisions of all the Ordinances of the City of Sioux City, and the Statutes of the State of Iowa.***

Signature of Applicant _____

Date of Birth _____ Social Security Number of Applicant _____

.....

FOR CITY USE ONLY

Fee Paid: \$ _____ Receipt No: _____ Date Filed: _____

License No: _____ Term of License: _____

Duplicate License Form for employees attached: Yes ☐ No ☐ N/A ☐

Date Approvals Requested on: _____

Police Department:	Approve:	<input type="checkbox"/>	Deny:	<input type="checkbox"/>	Date:	_____
--------------------	----------	--------------------------	-------	--------------------------	-------	-------

Fire Prevention:	Approve:	<input type="checkbox"/>	Deny:	<input type="checkbox"/>	Date:	_____
------------------	----------	--------------------------	-------	--------------------------	-------	-------

City Legal /Bond:	Approve:	<input type="checkbox"/>	Deny:	<input type="checkbox"/>	Date:	_____
-------------------	----------	--------------------------	-------	--------------------------	-------	-------

Zoning - Temp Use Permit Required?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	Permit obtained:	<input type="checkbox"/>
------------------------------------	------	--------------------------	-----	--------------------------	------------------	--------------------------

Fire - Mobile Food Requirements Provided:	<input type="checkbox"/>
---	--------------------------

The City of Sioux City does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities. Individuals who need auxiliary aids for effective communication in programs and services of the City of Sioux City are invited to make their needs and preferences known to the ADA Compliance Officer, City Hall, 405 6th Street, Room 204, (712) 279-6259. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990.