



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

Date: _____

ANNUAL BLANKET LICENSE SINGLE EVENT _____

1. Applicant: _____ Phone: _____
 Home Address: _____

2. Licensed Location: _____

3. List Owner(s)/Manager(s) of the Location: _____
 Address: _____
 Date of birth: _____ SS #: _____ Phone: _____

4. Dates License to be Effective: _____

5. Proposed Location of Sales*: _____

Lease or Written Permission from Property Owner Required: Yes No If yes, attach a copy to this application.

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

6. License Fees:

| | | | |
|------------------------------|---------|------------------------|----------|
| Single Event Blanket License | \$75.00 | Annual Blanket License | \$100.00 |
|------------------------------|---------|------------------------|----------|

7. How will sales be made: _____

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

9. A \$1,000 Surety Bond is required to be submitted for all Transient Merchant Blanket Licenses.

10. Transient sales history for the past 3 years:

| <u>Dates</u> | <u>Location/Address/PO Box</u> | <u>Nature of Business</u> |
|--------------|--------------------------------|---------------------------|
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| | | |
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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: _____

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 #: _____ Date Filed: _____

License #: _____ Term of License: _____

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.