

**CITY OF FAIRFIELD
APPLICATION FOR PEDDLERS, SOLICITORS,
TRANSIENT MERCHANTS**

FOR OFFICE USE ONLY Permit No. _____ Expiration _____

Today's Date _____

COMPANY INFORMATION

Business Name _____	Address, City & State _____ _____	Telephone _____
Local Address _____	Local Telephone _____	

1) Profit or Non-Profit* _____ 2) Iowa Sales Tax Number _____
*If non-profit, provide copies of documentation proving non-profit status

3) Are you a Corporation? Yes No If yes, is it: U.S. or Foreign*
*If Foreign, is your corporation authorized to do business in the State of Iowa? _____

4) In the last year, have you obtained a permit through the City of Fairfield? Yes No

5) Selling Date(s) _____

6) Sales Location _____

7) Business / Product Description (including prices) _____

8) Food Establishment License Number (if applicable) _____

INDIVIDUALS WITH YOUR COMPANY (starting with Immediate Supervisor / Manager)

Name	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VEHICLES WITH YOUR COMPANY (any used in the City of Fairfield)

Make, Model, Year	License Plate Number	State of Registration
_____	_____	_____
_____	_____	_____
_____	_____	_____

Starting with most recent, list the last three communities in which you have operated:

Have you ever been convicted of any crime or ordinance violation related to your transient merchant business within the last 5 years? No Yes*

*If yes, what was the nature of the offense and the place of conviction? _____

I certify the information I have provided is accurate and true and that I will comply with the codes and ordinances of the City of Fairfield, Iowa.

Signed _____ Print Name _____

Date Filed _____ City Administrator _____

Approved _____ Denied _____ Police Chief _____

Investigative Fee _____

License Fee _____