

Not the biggest, but the best!



Annual July 4th Celebration

cityofale@netins.net

City Of Yale Peddlers & Solicitors Permit Application

PO Box 97, Yale, IA 50277, (641) 439-2313

Type of Permit:

☐

Pushcart

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Mobile Food Unit

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Peddler, Solicitor or Transient Merchant

Peddlers - Sell their merchandise on the spot. **Solicitors** - Take orders for their merchandise.

Transient Merchants - Sell from truck, table, etc.

Applicant	Full Name:	List any other names used:	Fees:
	Address:	Telephone Number:	Dates of Sale: _____
	City:	Zip:	Pushcarts \$10.00 Per Day \$60.00 Per Month \$300.00 Per Year
	SS#:	License Plate #:	All Other Permit Types \$10.00 Per Day \$25.00 Per Week \$60.00 Per Month \$300.00 Per Year
Business Information	Name:	Nature of Business:	
	Business Address:	Telephone Number:	
	City:	Zip:	Pushcart licensee: Proof of general liability insurance, including products liability coverage, in the amount of \$1,000,000 or more per occurrence and \$1,000,000 for property damage.
	Description of goods to be sold:		All other licensees: Proof of general liability insurance including products liability in the amount of \$300,000 per occurrence and \$100,000 for property damage. A certificate of insurance shall be delivered to the City Clerk prior to the issuance of a license. The City of Yale and it's employees shall be named as additional insureds against any liabilities that. May arise in connection with the operations of the license.
If employer is a corporation, the state of it's incorporation whether it is authorized to do business in Iowa, and evidence that the corporation has designated a resident agent in the city upon whom legal service may be made and that corporation will be responsible for the acts of it's employees in the city.			
Have you ever been convicted of any crime, misdemeanor, or violation of any municipal ordinance, other than a traffic violation? _____ If yes, list the nature of the offence and the penalty imposed:			

By signing, I authorize the City Clerk and the City of Yale to examine any and all criminal history records and driving records held by the State of Iowa and FBI as necessary. Further, I understand that any falsification made hereinbefore will constitute grounds for revocation of the license.

Signature: _____

Date: _____

Office Use Only:	Amount Paid:	Method:
Date Received & Initials	Copy of Drivers License:	Bond/Ins Received