

CITY OF HOLSTEIN
PEDDLER, SOLICITOR, TRANSIENT MERCHANT LICENSE APPLICATION
(Chapter 122 of the City of Holstein Code)

Application Date: _____ Type of License (*Check one*) ___ Peddler ___ Solicitor ___ Transient

Photo Driver's License of Each Solicitor/Identification Must Accompany Application Along with Proof of Insurance and Bond Filed with the Secretary of State.

Name: _____

Permanent Address: _____ City/State: _____

Zip: _____ Cell Phone: _____ Email: _____

Local Address: _____ City/State: _____

Zip: _____ Cell Phone: _____ Email: _____

Name of Business: _____ Address: _____

City/State: _____ Zip: _____ Business Phone: _____

Contact Person _____ Phone: _____

Nature of Applicant's Business/description of merchandise if applicable:

License Duration Requested: From: _____ To: _____

VEHICLE INFORMATION (if applicable) Make: _____ Model: _____

Year: _____ License Plate #: _____ State: _____

Have you ever been convicted of a felony, arrested for theft, fraud, or a crime involving moral immorality?

Yes No If yes, give full details: _____

LICENSE FEE: Fee Amount: \$20.00 per day Number of Days: _____ x \$20.00 = Total Fee: \$ _____



The City of Holstein Reserves the Right to Refuse Any or All Applications

ACKNOWLEDGMENTS: By signing this application, I acknowledge and agree to the following: 1. All information provided is true and correct to the best of my knowledge. 2. I understand that this license is non-transferable. 3. I understand that peddling/soliciting activities are permitted only between the hours of 8:00 AM and 6:00 PM. 4. I have read and understand Chapter 122 of the Holstein City Code regarding licensing requirements for peddlers, solicitors, and transient merchants. 5. I understand that my license may be revoked for fraudulent statements, violation of ordinances, or endangering public welfare.

**This license must be kept in possession at all times while conducting business
(peddlers/solicitors) or displayed publicly at place of business (transient merchants).**

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CITY ADMINISTRATOR/DEPUTY CLERK/MAYOR

DATE

FOR CITY OFFICE USE ONLY: Application Received By: _____ Date: _____

License Fee Paid: \$ _____ Receipt #: _____

Bond Verification (Transient Merchants): Yes N/A License: Approved Denied

License #: _____ Issue Date: _____

Expiration Date: _____

Clerk Signature: _____

City of Holstein 119 S. Main Street Holstein, IA 51025 Phone: 712-368-4898



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