



**TRANSIENT MERCHANT LICENSE APPLICATION  
(Food Trucks)**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Location of Setup: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Desired Length of License: \_\_\_\_\_

A.) For one (1) Day ..... \$10.00

B.) For up to 1 Month ..... \$250.00

Validation date/s: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

In signing this application, the said above listed applicant states that he/she will attentively observe all limitations and restrictions to be found in Ordinance 122 relating to Peddlers, Solicitors and Transient Merchants made by the Council of the City of Clarion.

**City of Clarion**

P.O. Box 266  
121 First Street S.W.  
Clarion, IA 50525-0266  
515.532.2847  
515.532.2171  
CityofClarion@mediacombb.net

Applicant's Signature: \_\_\_\_\_

City Clerk Signature: \_\_\_\_\_

Police Dept Personnel/City Administrator: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Amount Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Photo ID-please attach