



TRANSIENT MERCHANTS

PERMIT APPLICATION

If multiple individuals are representing a company, this section should be completed by the owner/supervisor of the group.

Fee's: \$10.00 - One Day \$25.00 – One Week \$75.00 – One Month \$500.00 – One Year

Company Name: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Name of Owner/Supervisor: _____ Phone: _____

Location Address: _____ Site/Location map Included: YES / NO

 Proof State Sale Tax

 State Tax ID #

 Exemption from State/Federal Tax

What motor vehicles/trailers will be used in connection with the conduction of business?

 Make

 Model

 Color

 License Plate #

List the last three places you've engaged in similar activity- City and State:

1. _____
2. _____
3. _____

Provided Proof of liability insurance with a minimum amount of \$1,000,000.00. _____

Date Business will Commence: _____ Date Business will Terminate: _____

Applicant Signature: _____ Date: _____

City Official Signature: _____ Date: _____

Approved: _____ Denied: _____

Submit your completed application to: cityclerk@orangecityiowa.com.

City of Orange City

C/O City Clerk

125 Central Ave. SE

Orange City, IA 51041

city of orange city

phone: 712.707.4885

fax: 712.707.4351

125 Central Ave SE Box 406

Orange City, IA 51041

orangecityiowa.com

