



Applicant: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_

Address while staying in this area: \_\_\_\_\_  
Street City State Zip

Name, address, phone no. of firm, corporation, partnership or association for whom applicant is conducting business for:

\_\_\_\_\_  
Street City State Zip

Date(s) when license is desired: \_\_\_\_\_ Fee: \$50 per day

Location where carnival, circus, or exhibition will be operating:

\_\_\_\_\_  
Street City State Zip

Is this location on public property: \_\_\_\_\_

If yes, have you applied or obtained a public property permit (Street Use Permit) from the City Administrator: \_\_\_\_\_

Iowa Sales Tax Number: \_\_\_\_\_

Will food be sold? \_\_\_\_\_ If yes, provide Iowa Food Est. License No.: \_\_\_\_\_

Type of Food and/or Merchandise to be sold:

Name of last community where operated: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**1. Please provide the City Clerk's Office with a Certificate of Liability Insurance prior to issuance of license.**

\*\*\*\*\*

**OFFICE USE ONLY**

**Upon investigation of the applicant's reputation and character, the Chief of Police or designee recommends:**

**of license issuance.**

**If disapproved, give reasons:**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee Signature**

**License fee paid:** \_\_\_\_\_

**Receipt Number:** \_\_\_\_\_

**License No.:** \_\_\_\_\_

**Expiration:** \_\_\_\_\_