

CITY OF VINTON CODE CHAPTER 122

PEDDLER/SOLICITOR/TRANSIENT MERCHANT REGISTRATION

NAME _____ DATE OF BIRTH _____ S.S.# _____

LOCAL ADDRESS _____ PHONE _____

BUSINESS (PERMANENT) ADDRESS _____

VEHICLE DESCRIPTION _____ LIC. PLATE _____ STATE _____

NAME OF PARENT COMPANY/ORGANIZATION _____

ADDRESS OF COMPANY/ORGANIZATION _____ PHONE# _____

OTHER PERSONS ASSISTING/PARTICIPATING IN YOUR ACTIVITIES

NAME HOME ADDRESS DOB S.S.#

NAME	HOME ADDRESS	DOB	S.S.#

WHAT WILL BE THE NATURE OF YOUR ACTIVITIES IN VINTON --- WHAT PRODUCTS OR SERVICES WILL YOU BE SELLING, OR FOR WHAT PURPOSE WILL YOU BE CALLING UPON VINTON RESIDENTS?

WHAT WILL BE THE DURATION OF YOUR ACTIVITIES IN VINTON? _____

START DATE: _____ END DATE: _____

IF YOU ARE SELLING GOODS OR SERVICES:

1. IS YOUR COMPANY OR ORGANIZATION EXEMPT FROM COLLECTING IOWA SALES TAX VIRTUE OF THE NATURE OF YOUR PRODUCT? Yes [] No []

2. IS YOUR ORGANIZATION EXEMPT FROM COLLECTING IOWA SALES TAX BY VIRTUE OF THE NATURE OF YOUR ORGANIZATION? Yes [] No []

3. IS YOUR COMPANY OR ORGANIZATION REQUIRED TO POST A TRANSIENT MERCHANT BOND WITH THE SECRETARY OF STATE PURSUANT TO IOWA CODE CHAPTER 9C? Yes [] No []

NOTE: ATTACH COPIES OF ALL DOCUMENTATION (TAX PERMITS, TAX EXEMPT CERTIFICATES OR CHAPTER 9C BONDS AND LICENSES).

I hereby acknowledge that the information provided above is true and correct to the best of my knowledge, and that no material fact has been falsified or omitted. I further acknowledge that the activities described above will only be conducted between the hours of 8 a.m. and 7 p.m. local time, pursuant to Vinton Code Chapter 122.

REGISTRANT'S SIGNATURE: _____ DATE: _____

FEE COLLECTED \$50.00 CK# _____ [] CASH [] CREDIT CARD
RECEIPT# _____