LENGTH OF TIME COVERED FOR LICENSE_ IN FORCE ONLY BETWEEN 8AM AND 9PM



APPLICATION FOR LICENSE OF PEDDLER, SOLICITOR, OR TRANSIENT MERCHANT

PLEASE TYPE OR PRINT FULL NAME OF APPLICANT______ MIDDLE LOCAL ADDRESS OF APPLICANT, IF ANY_____ NAME OF APPLICANTS EMPLOYER, IF ANY CITY EMPLOYER'S ADDRESS NATURE OF APPLICANT'S BUSINESS DESCRIPTION Age____ Ht.___ Wt.___ Race___ Eyes_ Hair Make Year Color VEHICLE License Plate #_____

BOND REQUIRED: evidence that the applicant has filed a bond with the Secretary of State in

accordance with Chapter 9C of the Code of Iowa.