

CITY OF TABOR
626 MAIN STREET PO BOX 309
TABOR, IA 51653

PHONE 712-629-2295 FAX 712-629-1019

PERMIT (SOLICITATION/PEDDLER)

DATE _____

NAME _____

SS# _____

Proposed Sales Area or Addresses

Brief Description of Sales Method _____

Name and address of sales firm _____

Desired Date(s) **From** _____ **To** _____

Have you been convicted of a crime? YES NO

If Yes- List Offense, Offense date and court location

Vehicle _____

Year Make Model Color

Hours of Solicitation: 9:00 a.m - 6:00 p.m. No Sundays or Holidays

BOND REQUIRED Please see ordinance for full requirements.

Approved by _____ Date _____