

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

PHONE 712-629-2295 FAX 712-629-1019 cityclerk@cityoftabor.org

PERMIT (SOLICITATION/PEDDLER)

DATE _____ **NAME** _____

COMPANY NAME _____

Drivers License # _____

Iowa Contractor's License _____

Proposed Sales Area or Addresses _____

Brief Description of Sales Method _____

Name and Address of Sales Firm _____

Desired Date(s) _____

Please list

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: MON-SAT 9:00 am - 7:00 pm, SUN- 1:00-5:00 PM No Holidays

CERTIFICATE OF INSURANCE REQUIRED

Approved by _____ Date _____

Permit Fee \$25

Paid Date _____