



265 S. Second St.
Robins, IA 52328

New

Renewal

Date: _____

**PEDDLERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE APPLICATION
THE CITY OF ROBINS, IOWA**

Business Name: _____

Business Address: _____

Business Phone: _____ E-mail _____

Website Address: _____ Federal ID #: _____

Name of Applicant: _____

Address of Applicant: _____

Applicant Phone Number: _____ SS #: _____

Date of Birth: _____ State of Birth: _____

List the last three (3) Municipalities where the applicant carried on business.

List all arrests and convictions for violation of any Municipal Code or State or Federal Law other than simple traffic misdemeanor offenses:

Offense Date City/State Disposition

Describe the nature of the business: _____

Description of goods to be sold: _____

Dates of Operation: _____

