



APPLICATION FOR CITY LICENSE

**City of Clinton
611 South 3rd Street
P.O. Box 2958
Clinton, IA 52733-2958
(563) 244-3421**

License # _____
Date Issued: _____

SECTION I – NAME & ADDRESS

Name of Applicant

Home & Mailing Address City

State

Zip

Phone#

Email (required)

I do hereby make application for the following City License (*check all that apply*):

| <input checked="" type="checkbox"/> | <u>Type of License</u> | <u>Must Comply with City Code Chapter</u> | <u>Fee</u> | <u>Fee After July 1st</u> | <u>Insurance Required</u> | <u>Expiration Date</u> |
|-------------------------------------|---|---|--|--|---------------------------|------------------------|
| | Park Vendor | 05/1993 Policy | \$100.00 | \$50.00 | \$1M liability | Dec. 31 |
| | Bowling Alley | 116 | \$75.00 | \$37.50 | No | Dec. 31 |
| | Carnival | 116 | \$25.00/day | N/A | \$1M liability | N/A |
| | Dance Hall | 116 | \$240.00 | \$120.00 | No | Dec. 31 |
| | Fortuneteller | 116 | \$100.00 | \$50.00 | No | Dec. 31 |
| | Pool Tables # of Tables _____ | 116 | \$50.00 – 1 st table; \$20.00 ea. add'l table | \$25.00 – 1 st table; \$10.00 ea. add'l table | No | Dec. 31 |
| | Tree Trimmer | 116 *if road closure needed, permit must be obtained from Engineering Dept. | \$50.00* *if road closure needed, permit must be obtained from Engineering Dept. | \$25.00 | \$1M liability | Dec. 31 |
| | Video Game # of Games | 116 | \$50.00/game | \$25.00/game | No | Dec. 31 |



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SECTION II – BUSINESS & SALES INFORMATION

Name/Title of Business

Business Address

City

State

Zip

Start Date (*carnival only*) Duration of Sale (*carnival only*)

SECTION III – PRIOR LICENSE REVOCATION

Has a similar license from the City of Clinton or any other jurisdiction been revoked? If yes, why:

Yes

No

SECTION IV – RELEASE AND DISCLOSURE

I hereby swear and affirm that each statement and all information in or supplementing this application is complete and true and accurately recorded to the best of my knowledge. I understand that providing false, misleading and/or incomplete information on this application will result in my not obtaining a City License in the City of Clinton, Iowa.

Signature of Applicant

Date



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SECTION V – CHECKLIST FOR APPLICANT

City Application Completed?

Inspection completed by Clinton Fire Department Building Safety Division? (563-244-3360) (if required)?

All fees paid to City Finance Department?

All items must be completed and submitted to the City Clerk's office before the application can be approved.

Please allow at least 2 weeks for your City license application to be processed.

SECTION VI – OFFICE USE ONLY

| License# | Fee Paid to Finance Office | Approved by Fire Department | Approved by Clerk |
|----------|----------------------------|-----------------------------|-------------------|
| | | | |