



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 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Has a similar license from the City of Clinton or any other jurisdiction been revoked?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 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

- | | |
|--------------------------|---|
| <input type="checkbox"/> | City Application Completed? |
| <input type="checkbox"/> | Inspection completed by Clinton Fire Department Building Safety Division? (563-244-3360) (if required)? |
| <input type="checkbox"/> | 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