

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

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

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**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 \_\_\_\_\_