



Bonaparte Main Street Vendor Application Form

Mail Completed Forms to
Bonaparte Main Street
PO Box 51
Bonaparte, Iowa 52620
319-592-3400

Picture ID is Required

LICENSE IS NON-TRANSFERABLE

Name: _____ Today's Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Email: _____

List all vehicles used while in Bonaparte:

Make	Model	Color	Year	State & License #
Make	Model	Color	Year	State & License #

Merchandise to be sold: _____

Business Name: _____ Business Address: _____

Sales Tax #: _____ Tax Id #: _____

Is business incorporated? _____ If yes, what state incorporated in? _____

Is business authorized to do business in Iowa? _____

Has Proof of Insurance been submitted and copy in file? _____

If no insurance provided, cannot continue with application.

LICENSE FEES: Event: \$25.00 _____ Electricity: \$10.00 _____ Processing: \$5.00 _____

As Applicant for the above license and under the penalties of perjury, I swear the above statements are true and correct. I authorize the City of Bonaparte to perform a background search in conjunction with the application.

Applicant's Signature

Date

FOR OFFICE USE:

Fee Paid: _____ Date Paid: _____ Background check? _____

Permit Number: _____ Permit Expiration Date: _____