

Application for License City of Tipton

License/Permit Number: _____ Date: _____

Applicant Name: _____

Applicant Address: _____

Address for License/Permit: _____

Applicant Phone: _____

Comments:

Fee Paid: _____ Cash Check Check Number: _____

As the applicant for this license I _____, understand that I must comply with all requirements of the Tipton Municipal Code.

Applicant Signature: _____

License Issue Date: _____ Expiration Date: _____

Display this License/Permit in a conspicuous place.



407 Lynn Street
Tipton Iowa 52772
(563)886-6187
www.tiptoniowa.org

LICENSE / PERMIT

Permitted Activity:

_____	_____
Name	

Address	

Authorized by	

Issued	Expires
_____	_____
Number	

The named party, having deposited the required fee, is hereby granted a license/permit pursuant to the Tipton Municipal Code. This license shall remain in force until the expiration date or until suspended by the City of Tipton.

This permit is Non-transferrable