

CITY OF SWISHER

APPLICATION FOR LICENSE FOR PEDDLERS, SOLICITORS AND TRANSIENT MERCHANTS

\$15 Application Fee per Person

\$10 Solicitors Fee per Year in Addition to Application Fee

Peddlers or Transient Merchants Fee: \$5 One-Day Permit Fee, \$10 One-Week, \$20 Six-Month, or \$25 One-Year Permit Fee

Name	Social Security Number
Permanent Address	Phone
Local Address	Phone
Date of Birth _____ Height _____ Weight _____ Hair Color _____ Eye Color _____	

Photo Driver's License/Identification Must Accompany Application

Name of Employer	Address
City/State	Business Phone Number/Federal ID

Description of motor vehicle used in this enterprise	
Nature of Applicant's Business/description of merchandise if applicable	
Contact Person	Phone/E-Mail

Last three (3) places in which applicant has been engaged in a similar activity:	
1.	
2.	
3.	

Permit Beginning Date	Permit Ending Date
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Have you ever been convicted of a felony, arrested for theft, fraud, or a crime involving moral turpitude?	
Yes ___ No ___	If yes, give full details

State of Iowa Sales Tax Permit	Yes ___ No ___	Permit Number
State of Iowa Mobile Food License (if applicable) per Sec. 134F.4 Iowa Code		

License is Non Transferable, must be displayed & is in force, effective only between the hours 8:00 a.m. & 6:00 p.m.

Prior to Issuance of License: Return application with appropriate fee and, if a Transient Merchant, evidence that a bond has been has been filed with the Secretary of State in accordance with Chapter 9C of the Code of Iowa.

As Applicant for the above license and under the penalties of perjury, I swear the above statements are true and correct. Also I am aware of Section 122 of the Swisher City Code and agree to abide by those rules. I also authorize the City of Swisher to perform a background search in conjunction with this application.

Signature of Applicant

Date

Approved by:

Signature of City Clerk

Date

DEFINITIONS

Peddler: Any person carrying goods or merchandise who sells or offers for sale for immediate delivery such goods or merchandise from house to house or upon the public street.

Solicitor: Any person who solicits or attempts to solicit from house to house or upon the public street any contribution or donation or any order for goods, services, subscriptions or merchandise to be delivered at a future date.

Transient Merchant: Any person who engages in a temporary or itinerant merchandising business and in the course of such business hires, leases, or occupies any building or structure whatsoever, or who operates out of a vehicle which is parked anywhere within the City limits. Temporary association with a local merchant, dealer, trader or auctioneer, or conduct of such transient business in connection with , as a part of, or in the name of any local merchant, dealer, trader, or auctioneer does not exempt any person from considered a transient merchant.



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: _____

Phone: _____

Fax: _____

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

<u>Iowa Criminal History Record Check Results</u>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	