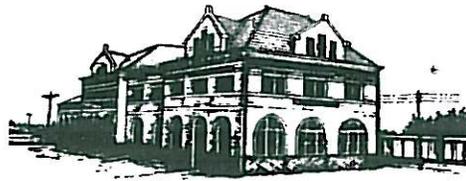


City of
CRESTON, IOWA



116 W. Adams • P.O. Box 449 • Creston, IA 50801-0449
Phone 641.782.2000 • Fax 641.782.6377

Creston's Restored Depot and City Hall

APPLICATION FOR LICENSE FOR PEDDLERS, SOLICITORS AND TRANSIENT MERCHANTS*
\$10 Non-refundable Application Fee, \$50 One-Day Permit Fee, \$150 One-Week, \$500 Six-Month, or \$1,000 One-Year Permit Fee

Name: _____ Social Security # _____

Permanent Address: _____ City/State: _____ Phone: _____

Local Address: _____ City/State: _____ Phone: _____

Photo Driver's License/Identification Must Accompany Application.

Date of Birth _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Name of Employer: _____ Address: _____

City/State: _____ Business Phone #: _____

Description of motor vehicle used in this enterprise _____

Nature of Applicant's Business/description of merchandise if applicable: _____

Contact Person (if applicable): _____ Alternate Phone: _____

Last three (3) places in which applicant has been engaged in similar activity:

1. _____ 2. _____ 3. _____

Permit Beginning Date _____ Permit Ending Date _____

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: _____

Applicant must obtain a criminal history background check from the Iowa Division of Criminal Investigation, Bureau of Identification, 1st Floor, 215 E 7th Street, Des Moines, IA 50319, phone 515-725-6066; web address: www.dps.state.ia.us/DCI/supportoperations/crimhistory/nleforma.pdf. This background check must have been updated within one year from the date of this permit request.

State of Iowa Sales Tax Permit Yes _____ No _____ Permit number _____

State of Iowa Mobile Food License (if applicable) per Sec. 137F.4 Iowa Code # _____

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

SIGNATURE OF APPLICANT

SIGNATURE OF Police Chief

(FOR OFFICE USE ONLY)

License for 365 days maximum. Soliciting from Sunrise to Sunset ONLY.

DATE: _____

FEE PAID: _____

LICENSE #: _____

NOTIFIED: CITY CLERK: _____ CHAMBER OF COMMERCE: _____