

City of
CRESTON, IOWA



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

**APPLICATION FOR LICENSE
FOR PEDDLERS, SOLICITORS AND TRANSIENT MERCHANTS***

\$ 10 Non-refundable Application Fee AND \$ 10 One-Day Permit Fee or \$ 100 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 #: _____

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.

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 CITY CLERK

(FOR OFFICE USE ONLY)

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

DATE: _____

FEE PAID: _____

LICENSE #: _____

NOTIFIED: CPD: _____ CCC: _____

*per Creston City Code, Chapter 122