



**PEDDLER OR SOLICITOR
APPLICATION FOR CITY LICENSE**

**City of Clinton
611 South 3rd Street
P.O. Box 2958
Clinton, IA 52733-2958
(563) 244-3421**

License # _____
Date Issued: _____

SECTION I – NAME & ADDRESS

Name of Applicant

Home Address City State Zip

Mailing Address (if different from home)

Phone# Email Address

Race Height Hair Color Eye Color

I do hereby make application for the following City License:

<input checked="" type="checkbox"/>	<u>Type of License</u>	<u>Must Comply with City Code Chapter</u>	<u>Fee</u>	<u>Insurance Required</u>	<u>Expiration Date</u>
	Peddler	112	\$200.00	\$1M	1 Year from Issuance
	Solicitor	112	\$200.00	\$1M	1 Year from Issuance

SECTION II – BUSINESS & SALES INFORMATION

Name/Title of Business

Business Address City State Zip

Business Phone# Business Email

Description of Merchandise

Location/s Where Sales to be Conducted

Start Date	Duration of Sale/Solicitation
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Hours of Sale/Solicitation (*(Cannot be outside of 10AM-6PM for door-to-door vendors; all other vendors cannot be outside of 8AM-10PM)*)

Iowa Department of Revenue Retail Sales
Tax Permit Number



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SECTION III – EMPLOYMENT HISTORY

Type of Employment & Jurisdiction in Which Business was Conducted in the Past 12 Months:

Name of Business	Address of Business	Phone #	Supervisor	Time Employed

SECTION IV – PRIOR LICENSE REVOCATION

Has a similar license from the City of Clinton or any other jurisdiction been revoked? If yes, why:

Yes

No

SECTION V – RELEASE AND DISCLOSURE

I _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Clinton, Iowa, whether said records are of a public, private or confidential nature, including criminal histories.

I _____, do hereby authorize the Clinton Police Department, or its designee, to obtain finger prints and take a photograph of myself for identification purposes.

I hereby swear and affirm that each that each statement and all information in or supplementing this application is complete and true and accurately recorded to the best of my knowledge. I understand that providing false, misleading and/or incomplete information on this application will result in my not obtaining a Peddler or Solicitor City License in the City of Clinton, Iowa.

Signature of Applicant

Date



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SECTION VI – CONFIDENTIAL INFORMATION OF APPLICANT

Name of Applicant

Social Security # (optional)	Date of Birth	Place of Birth (City, State)	Driver's License #
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List all felonies and misdemeanor convictions, including traffic violations for the last ten (10) years:

Aliases (List All Other Names Ever Used):

SECTION VII – CHECKLIST FOR APPLICANT

<input type="checkbox"/>	<i>City Application Completed?</i>
<input type="checkbox"/>	<i>DCI Background Check Form Completed?</i>
<input type="checkbox"/>	<i>Proof of Insurance with City of Clinton listed as an “additional insured” provided?</i>
<input type="checkbox"/>	<i>Inspection completed by Clinton Fire Department Building Safety Division (563-244-3360) (if selling food/drink)?</i>
<input type="checkbox"/>	<i>Inspection completed and license issued by DIA (515-802-2984) (if selling food/drink)?</i>
<input type="checkbox"/>	<i>State Sales Tax Certificate obtained (800-367-3388)?</i>
<input type="checkbox"/>	<i>All fees paid to City Finance Department?</i>

All items must be completed and submitted to the City Clerk's office before the application can be approved.

Please allow at least 2 weeks for your City license application to be processed.

SECTION VIII – OFFICE USE ONLY

License#	Fee Paid to Finance Office	DCI Background Check Completed	Approved by Police Department	Approved by Fire Department	Inspected by DIA	Approved by Clerk