



LICENSE APPLICATION
(PLEASE COMPLETE ENTIRE APPLICATION)

PEDDLERS _____

(carrying goods for immediate sale)

SOLICITORS _____

(house to house on public streets)

TRANSIENT MERCHANT _____

(temporary merchandising business)

(Please Print)

FULL NAME (applicant) _____

Local address _____ City _____ State _____ Zip Code _____

Email _____ Phone # _____ Cell Phone # _____

Permanent residence: _____

City _____ State _____ Zip _____ Phone #: _____

Sex: **M** **F** (Circle one)

(Attach a copy of Driver's License**)**

Driver's License # _____ State where license issued: _____

Date of Birth _____ Height _____ Weight _____ Hair color _____ Eyes _____

Business Name: _____ Company's Phone # _____

Address: _____ City _____ State _____ Zip _____

Name of Supervisor: _____ Phone # _____

Product/Nature of Business: (Be Specific) _____

Date(s) License Requested for: From _____ to _____

Last three (3) **cities and dates** applicant engaged in similar activity:

1. _____

2. _____

3. _____

Vehicle Information: (Please list **all** vehicles that will be used and read page 3 of application for additional requirements.

Attach separate page if needed.)

Make _____ Model _____ Year _____

Color _____ License plate # _____ State _____

Have you been convicted of a felony, misdemeanor, or other crime involving force, violence, moral turpitude, deceit or fraud?

☐ No

☐ Yes

Date of Conviction _____

Nature & Circumstance of Conviction: _____

Do you have any such charges pending now? _____ If so, give full details: _____

Have you had a municipal license in the City of Atlantic before? ☐ No ☐ Yes Date: _____

Have you lived outside Iowa in the past 5 years? ☐ No ☐ Yes If yes, where? _____

APPLICATION FEE DUE AT TIME OF APPLICATION

License Fees	Date Paid	Length of time desired for license, include dates
Application Fee: \$50.00	_____	Daily (\$25) _____
<u>(Non-refundable)</u>		Weekly (\$125) _____
		Monthly (\$500) _____
Permit Fee: \$_____	_____	One to Six Months (\$750) _____

I, the undersigned, hereby swear that I will comply with all local, state and federal laws in conducting the business enterprise described herein; that all information contained in this application is true and I am aware that statements given on this application are subject to investigation and verification and that a permit shall be denied if the information provided on this application proves to be a misrepresentation of the facts. I promise to release the City of Atlantic, Iowa, its officials, agents or employees from any liability or damages which result from verifying the accuracy and reliability of the information contained on this application.

****Application must be complete and signed--incomplete and unsigned applications cannot be processed.****

Signature of Applicant

Date

Signature of Legal Guardian if applicant is a minor

FOR OFFICE USE ONLY:

Police Check: _____ Officer Initials: _____

☐ Bond Received

License ☐ Approved From _____ to _____

☐ Denied

Barb Barrick, City Clerk (or authorized designee)

Date

Pursuant to Municipal Code Chapter 122.10 – Peddler’s and Solicitor’s licenses are in force and effect only between the hours of 8:00 a.m. and 6:00 p.m.