



TRANSIENT MERCHANT PERMIT FOR TEMPORARY FIREWORKS SALES

If multiple individuals are representing a company, this section should be completed by the supervisor of the group.

COMPANY INFORMATION

Company Name

Permanent Address

City State Zip Code

Name of Supervisor Phone

Iowa Sales Tax No. (required if approved, prior to issuance of permit)

Yes No

Is Company Incorporated? (please provide copy of Certificate of Authority)

If Yes, in what state is it incorporated?

Is Corporation authorized to do business in Iowa?

If yes, name of agent within a 50-mile radius of Ames:

Name city state zip phone

Is supervisor selling?

Are the products to be sold trademarked? (This includes any product using Iowa State logo.) If yes, please provide proof that you are authorized to sell such products.

Company Convictions: (Please list any criminal convictions for your company. Use separate sheet if extra space is needed.)

Violation Place Date

These items must be submitted with your application prior to approval of the permit:

Attach a list of products/services to be sold, including prices.

Attach a diagram of the proposed location and setup.

Address of proposed location:

I am aware of Sec. 17.26 of the Ames Municipal Code and agree to abide by those rules, and I have informed all persons in the crew soliciting and/or peddling for which I am responsible. All information I have provided above is true and accurate.

Signature

Date

For Office Use Only

Documents Received

Date: _____
___ Completed Application

Fees

___ Fee Amount \$35/each person
Date Fee Paid _____

Insurance

___ Received _____
___ Approved _____

Follow Up

___ Applicant has permission from property owner
___ Iowa Courts Online or referred to Legal Department
___ References Checked
___ State Sales Tax ID Valid (515-281-3114)
___ Permits file updated
___ Permit prepared
___ License copied for file
___ Copy of license & application sent to Police

Permit Number _____

Application Denial Reasons:

INDIVIDUAL/REPRESENTATIVE INFORMATION

This section to be completed by each individual requesting a permit. If solely representing a company, the "Company Information" section must also be completed.

Name _____ Phone _____
Address _____
City _____ State _____ Zip Code _____
Physical Description
Eye Color _____ Hair Color _____ Height _____ Weight _____ Age _____
Last 4 digits of Social Security Number _____ Date of Birth _____

List the last three municipalities where you or your company has most recently sold or solicited.

1. City _____ State _____ Phone Number _____
Address While in That City _____
2. City _____ State _____ Phone Number _____
Address While in That City _____
3. City _____ State _____ Phone Number _____
Address While in That City _____

List any convictions you have had. (Please list any personal criminal convictions. Use separate sheet if extra space is needed.)

Violation _____	Place _____	Date _____
Violation _____	Place _____	Date _____
Violation _____	Place _____	Date _____

I am aware of Sec. 17.26 of the Ames Municipal Code and agree to abide by those rules, and I have informed all persons in the crew soliciting and/or peddling for which I am responsible. All information I have provided above is true and accurate.

Signature _____ Date _____

BACKGROUND WAIVER

This section to be completed and signed by applicant.

I authorize the City of Ames, Iowa to check my background to determine suitability for a peddler's/solicitor's/transient merchant's permit. I understand that this includes gathering of information relative to violation(s) of law which resulted in conviction(s).

My signature releases other police and civilian agencies, employers, schools, universities, colleges, and military services from liability for supplying background information to the City of Ames, Iowa.

In addition, my signature releases the City of Ames from liability for any statements, acts, or omissions in the course of the investigation into my background, employment history, health, family, personal habits, and reputation. I understand that I am relinquishing all legal rights and causes of action related to the City of Ames investigation into my suitability for a permit.

I understand that this release may be photocopied and submitted for multiple checks related to this position.

Dated this day of , 20 .

Signature of Applicant

Printed Name

Last

First

Middle

Date of Birth

Social Security Number

Driver's License Number

State of Issue

For Office Use Only

CERTIFICATE OF INSPECTIONS

I HEREBY CERTIFY that the location was inspected for general fire code compliance and may be occupied for the proposed use.

N/A

Approved

Approved with the following conditions: _____

Fire Inspector

Date

I HEREBY CERTIFY that the area for which the license/permit will be issued conforms with all zoning regulations of the City of Ames.

N/A

Approved

Approved with the following conditions: _____

Planning Department

Date

Premises inspected by Iowa Department of Public Safety/State Fire Marshal