

## PEDDLERS/ TRANSIENT MERCHANTS/ SOLICITORS PERMIT APPLICATION

Signature

If multiple individuals are replayed in the supervisor of the group.	Fees		
COMPANY INFORM Company Name	ATION		Fee Amount \$35/each person Date Fee Paid
Permanent Address			Insurance
City	State	Zip Code	Received
Name of Supervisor	Ph	one	Approved
Address While in Area			Fallow He
			Follow Up  Applicant has permission
Number in crew	Number of Minors		from property owner
Name of Supplier	me of Supplier Phone		
lowa Sales Tax No. (required if ap	owa Sales Tax No. (required if approved, prior to issuance of permit)		
Yes No			References Checked
	Is Company Incorporated? (please provide copy of Certificate of Authority)		
If Yes, in what state is it incorporated?			(515-281-3114) Permits file updated
Is Corporati	ess in Iowa?	Permit prepared	
•		: within 50-mile radius of Ames	License copied for file
,	,		Copy of license &
			application sent to Police
ls supervisor	selling?		
•	ed? (This includes the lowa State logo.) t you are authorized to sell such	Permit Number	
Company Convictions: (Please lis	st any criminal convictions for your c	company. Use separate sheet if extra space is	
needed.)			<b>Application Denial Reasons:</b>
Violation	Place	Date	
These items must be submitte	ed with your application pr	rior to approval of the permit:	
Attach a list	of products/services to be	sold, including prices.	
	ons in the crew soliciting a	and agree to abide by those rules, nd/or peddling for which I am rue and accurate.	

Date

For Office Use Only

**Documents Received** 

\_\_\_ State Food Permit

\_\_\_ Completed Application

Date: \_\_\_\_\_

## 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 mu	nicipalities where	you or your compan	y has most recently	sold or solicited.	
1. City		Sta	te	Phone Number	
Address While in	That City				
2. City		Sta	te	Phone Number	
Address While in	That City				
3. City		Sta	te	Phone Number	
Address While in	That City				
List information on a	Model	ed while in Ames. (U:	se separate sheet if more s Year	pace is needed.) State & License	· Number
Make	Model	Color	Year	State & License	Number
Make	Model	Color	Year	State & License	: Number
List any convictions y	ou have had. (Please	list any personal criminal c	onvictions. Use separate sh	neet if extra space is needed.)	
Violation		Plac	e	D	ate
Violation		Plac	e	D	ate
Violation		Plac	e	D	Pate
			-	nose rules, and I have infor information I have provide	
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		First		Middle
Date of Birth		Social Security Number		
Driver's License Number		State of Issue		

Submit your completed permit application to: renee.hall@cityofames.org
City of Ames
City Clerk's Office
PO Box 811
Ames, IA 50010