



**APPLICATION FOR PEDDLER/SOLICITOR/TRANSIENT MERCHANT LICENSE
 MANCHESTER IOWA POLICE DEPARTMENT
 208 E Main Street Manchester, IA 52057 PH 563-927-3355**

APPLICANT INFORMATION

Applicant Full Name: _____
 Address: _____
 E-Mail Address: _____ Drivers License #/State: _____
 Contact Number: _____ Sex: Male Female
 SS#: _____ Hair Color/Eye Color: _____ / _____
 DOB: _____ Height/Weight: _____ / _____

APPLICANT ARREST RECORD

Date of Arrest: _____ Charge: _____ Disposition: _____
 Date of Arrest: _____ Charge: _____ Disposition: _____

VEHICLE INFORMATION

Make: _____ Model: _____
 License Number: _____ State: _____

BUSINESS INFORMATION

Company Name: _____
 Address: _____
 Nature of Business: _____
 IA Sales Tax Permit No: _____
 Immediate Supervisor: _____ Contact Number: _____

TYPE OF SALES

<input type="checkbox"/> Peddler	Offers goods or merchandise for sale for immediate delivery; house to house or public street.	\$25	per person
<input type="checkbox"/> Solicitor	Solicits contributions or donations for goods/services/subscriptions delivered at a future date; house to house or public street.	\$25	year
<input type="checkbox"/> Transient Merchant	Temporary/itinerant merchandising business operates from building/structure or vehicle; local merchant not exempt.	\$10	day
		\$25	week
		\$100	6 months
		\$150	year

Is merchandise to be delivered at time of sale: _____ Is payment required at time of sale or order: _____
 Length of time to sell goods: _____ Days _____ Weeks _____ Months _____ Year
 Start Date: _____ End Date: _____
 Locations within the City in which you will be working: _____

Last 3 cities where business was recently conducted: _____ Date: _____
 _____ Date: _____
 _____ Date: _____

NAMES OF DRIVERS/SELLERS (please use another page, if more sellers will be in town)

Name: _____	DOB: _____	Drivers License #: _____
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Name: _____	DOB: _____	Drivers License #: _____

APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION

- I understand that any falsification made hereinbefore will constitute grounds for revocation of this license.
- I understand no license shall be issued until after the passage of five working days from the time of filing the application.
- I understand no license shall be issued until proof has been provided to the Clerk, that a bond that has been filed with the Secretary of State in accordance with Chapter 9C of the *Code of Iowa*.
- I understand the hours of operation shall be in force from the hours of 8:00AM-7:00PM only.
- I understand each solicitor/peddler shall keep such license in possession at all times while doing business in the City and shall, upon the request of prospective customers, exhibit the license as evidence of compliance with all requirements of City Code of Ordinance Chapter 122.
- I understand the license issued is not transferable in any situation and is applicable only to the person filing the application.
- I authorize the City Clerk’s Office and the Manchester Police Department to examine any and all criminal history records and driving records held by the State of Iowa and FBI as necessary.

I, _____, being first duly sworn, upon oath depose and say that I am the proponent of the foregoing information, and that the statements made and answers given above are true. I further swear I am of good moral character.

Signature of Applicant/Title Date

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public



- Denied. Reason: _____
- Recommended Approval
- Fee Paid \$ _____
- License Period _____

Chief of Police Date