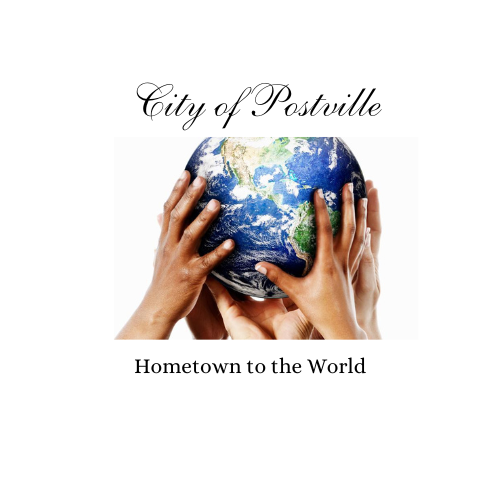
**City of Postville**

**147 N. LAWLER ST, PO BOX 242, POSTVILLE, IA 52162**

**PH: 563-864-7454 E:** [**postcityclerk@neitel.net**](mailto:postcityclerk@neitel.net)

**APPLICATION FOR PEDDLER/SOLICITOR PERMIT**

**$20 NON-REFUNDABLE APPLICATION FEE**

**AND $20 ONE DAY PERMIT FEE OR $100 ONE WEEK PERMIT FEE**

***NON-REFUNDABLE FEE MUST BE INCLUDED WITH APPLICATION.***

***PERMIT BEGINNING DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***PERMIT ENDING DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**NAME OF APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOCAL ADDRESS (IF DIFFERENT THAN HOME ADDRESS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***PHOTO DRIVER’S LICENSE/ID MUST ACCOMPANY APPLICATION***

**DOB: \_\_\_\_\_\_\_\_ HEIGHT: \_\_\_\_\_\_ WEIGHT: \_\_\_\_\_\_HAIR COLOR: \_\_\_\_\_\_\_EYE COLOR: \_\_\_\_\_\_\_\_**

**EMPLOYER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYER’S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYER’S PHONE NUMBER/ CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NATURE OF BUSINESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LICENSE OF VEHICLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE ISSUED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAKE & MODEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAST THREE PLACES OF SUCH BUSINESS:**

**1.**

**2.**

**3.**

**Have you ever been convicted of a felony, arrested for theft, fraud, or a crime involving moral turpitude? YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_**

**If YES, give full details:**

**Applicant must obtain a criminal history background check from the Dept. of Criminal Investigation, Wallace State Office Building, Des Moines, IA 50319.**

**Contact: Phone 515-281-4776**

[**https://dps.iowa.gov/divisions-iowa-department-public-safety/iowa-division-criminal-investigation/criminal-history-record-check-information**](https://dps.iowa.gov/divisions-iowa-department-public-safety/iowa-division-criminal-investigation/criminal-history-record-check-information)

**APPLICANT IS REQUIRED TO PROVIDE A SURETY BOND IN THE AMOUNT OF $1,000**

**Soliciting from 9:00 AM to 7:00 PM only.**

**SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF CITY CLERK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

**………………………………………………………………………………………………………**

For Office Use Only

License for 30 days maximum.

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

Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Fee Paid $20 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

One Day Permit Fee Paid $20:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

One Week Permit Fee Paid $100: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Police Chief Approved YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Police Chief: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_