



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

Registration Fee: \$10

### Peddler, Solicitors & Transient Merchants

#### APPLICANT INFORMATION

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

TELEPHONE NUMBER OF APPLICANT: \_\_\_\_\_

EMAIL OF APPLICANT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

VEHICLE DESCRIPTION: \_\_\_\_\_

#### EMPLOYER INFORMATION

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

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

LENGTH OF TIME SOUGHT TO BE COVERED BY LICENSE: \_\_\_\_\_ TO \_\_\_\_\_

**REGISTRATION VALID FOR A SEVEN DAY PERIOD. MUST RENEW FOR EACH SEVEN DAY PERIOD THEREAFTER**

**TIME RESTRICTIONS: ALLOWED MONDAY - FRIDAY 8:00 AM TO 6:00 PM ONLY**

#### PROVIDE

VALID DRIVER'S LICENSE: \_\_\_\_\_

BUSINESS CARD/INFORMATION: \_\_\_\_\_

REGISTRATION FEE: \_\_\_\_\_

BOND FROM SECRETARY OF STATE CH. 9C OF IOWA CODE: \_\_\_\_\_

#### ACKNOWLEDGEMENT AND CERTIFICATION OF THE APPLICANT

I HERBY CERTIFY THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ALL INFORMATION WILL BE VERIFIED BY THE LOCAL LAW ENFORCEMENT AGENCY. I UNDERSTAND THAT FALSE STATEMENTS MADE TO THE ENFORCEMENT AGENCY ARE PUNISHABLE UNDER SECTION 718.6 OF THE CODE OF THE STATE OF IOWA AND SUBJECT TO PROSECUTION.. I/WE CERTIFY THAT THE INFORMATION WE HAVE PROVIDED TO THE CITY OF SHELL ROCK IS COMPLETE, ACCURATE, AND TRUE TO THE BEST OF OUR KNOWLEDGE. ANY INTENTIONAL FALSIFICATION OR CHANGE IN THE INFORMATION CONTAINED IN THIS APPLICATION, OR TO THE ATTACHED INFORMATION, SHALL CAUSE THIS APPLICATION TO BECOME NULL AND VOID AND ANY APPROVAL GRANTED HEREIN TO BE REVOKED.

\_\_\_\_\_  
APPLICANT SIGNATURE                      DATE

\_\_\_\_\_  
CITY REPRESENTATIVE              DATE