



City Of Shenandoah

500 W. Clarinda Avenue, P.O. Box 338

Shenandoah, Iowa 51601

Phone (712) 246-1213 Fax (712) 246-5121

PEDDLERS, SOLICITORS AND TRANSIENT MERCHANTS APPLICATION

[Chapter 122 of Code of Ordinances Amended July 2019]

1. APPLICANT INFORMATION

Applicant's Name: _____

Applicant's Permanent Address: _____

Applicant's Local Address: _____

Applicant's Phone Number: _____ and/or Cell Phone Number: _____

Applicant's Driver's License #: _____ State: _____ Applicant's Social Security #: _____

Has Applicant been convicted of a crime, misdemeanor [other than traffic], or felony? Yes or No If yes, what was the nature of the offense and penalty? _____

List the last three Municipalities where the applicant carried on business and addresses from which such business was conducted:

MUNICIPALITY	ADDRESS	DATES

2. BUSINESS INFORMATION

Name of Business: _____

Business Address: _____

Business Phone Number: _____ Nature of Business: _____

Federal Tax ID #: _____ State of Incorporation: _____

Type of license: Peddler Solicitor Transient Guest

3. VEHICLE INFORMATION

MAKE	MODEL	COLOR	LICENSE PLATE #	STATE

4. DATES AND LOCATION

Permitted Dates Requested: _____ to _____

Proposed locations: _____

Length of License: One Day/\$10 One Week/\$15 One Month/\$20
 One to Six Months/\$60 Six Months to Year/\$120

*Each Applicant shall pay a \$25.00 Nonrefundable Application Fee. Each Applicant shall undergo a background check by the City of Shenandoah.

*Business must supply proof of a Surety Bond in the amount of \$1,000.00 [Code 122.06]

*Business must supply State Sales Tax Permit

APPLICANT AGREES TO LEAVE PRIVATE PROPERTY PROMPTLY WHEN REQUESTED TO DO SO BY THE OWNER, TENANT, OCCUPANT, OR PERSON IN CONTROL OF THE PROPERTY.

APPLICANT WILL NOT ENTER UPON PRIVATE PROPERTY WHERE A SIGN IS POSTED INDICATING NO SOLICITATION ALLOWED, NO SOLICITORS, DO NOT DISTURB, OR WORDS OF SIMILAR IMPORT OF ANY OF THE PHRASES.

THIS LICENSE IS NON-TRANSFERABLE AND DOES NOT CONSTITUTE PROPERTY OR PROPERTY RIGHTS OR INTERESTS OF ANY KIND.

THIS LICENSE IS SUBJECT TO REVOCATION BY THE SHENANDOAH CHIEF OF POLICE AT ANY TIME THE CHIEF DETERMINES TO DO SO WOULD BE IN THE BEST INTEREST OF THE PUBLIC. IF LICENSE HAS BEEN REVOKED, ALL FEES AND CHARGES ARE NON-REFUNDABLE.

APPLICANT HAS READ AND IS FAMILIAR WITH THE ORDINANCES OF THE CITY OF SHENANDOAH RELATING TO PEDDLERS, SOLICITORS, AND TRANSIENT MERCHANTS, AND IN PARTICULAR CHAPTER 122 OF THE SHENANDOAH CODE OF ORDINANCES AND AGREES TO COMPLY WITH SUCH ORDINANCE.

I, DECLARE UNDER PENALTIES OF PERJURY, THAT I HAVE EXAMINED THIS APPLICATION AND THAT THE BEST OF MY KNOWLEDGE AND BELIEF, ALL ENTRIES MADE HEREIN ARE TRUE, COMPLETE, CORRECT, AND IN ACCORDANCE WITH THE ORDINANCES AND REGULATIONS APPLICABLE HERETO.

APPLICANT SIGNATURE

DATE

DOOR TO DOOR SOLICITING IS ALLOWED FROM 9:00 A.M. UNTIL 6:00 P.M. MONDAY THROUGH SATURDAY. NO LICENSE SHALL BE EFFECTIVE ON SUNDAYS OR LEGAL HOLIDAYS. [Code 122.10]

5. OFFICE INFORMATION *[Checkmark each as received]*

_____ Proof of a Surety Bond in the amount of \$1,000.00

_____ State Sales Tax Permit

_____ Signed Background Check Waiver

_____ Applicant Fee [\$25.00 Each Applicant]

_____ License Fees

License Issued: _____

Issued by: _____



SHENANDOAH IOWA POLICE DEPARTMENT



Criminal History Background Check Waiver

Peddler, Solicitor, Transient Merchant Applicant

Last Name [mandatory]	First Name [mandatory]	Middle Name [recommended]
Date of Birth [mandatory]	Gender [mandatory]	Social Security Number
<p><i>Waiver Information:</i> I hereby give permission for the City of Shenandoah Police Department to investigate and compile a complete history of my local criminal history as it lends to my ability and personal character. I hereby request the Shenandoah Police Department to submit any and all information concerning me personally to the City Clerk of Shenandoah, Iowa. I hereby release the Shenandoah Police Department from all liability for damages whatsoever for furnishing any information concerning me to the City of Shenandoah. I further waive any right to personally review the above records.</p>		
<p>Applicant Signature: _____</p> <p style="text-align: center;">Date: _____</p>		

Shenandoah Police Department use only:
<p>As of _____, a search of the provided name and date of birth revealed:</p> <p><input type="checkbox"/> No Criminal History Found</p> <p><input type="checkbox"/> Criminal History Found</p> <p style="margin-left: 40px;">_____ Police Department Initials</p>