

CITY OF FAIRFIELD
APPLICATION FOR PEDDLERS, SOLICITORS,
TRANSIENT MERCHANTS

FOR OFFICE USE ONLY Permit No. _____ Expiration _____
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Today's Date _____

COMPANY INFORMATION

Business Name _____	Address, City & State _____ _____	Local Address (if any) _____ _____
Contact Person (Name) _____	Contact Telephone _____	Business Telephone _____

1) Profit or Non-Profit* _____ 2) Iowa Sales Tax Number _____

***If non-profit, provide copies of documentation proving non-profit status;
If for-profit, please provide copy of permit**

3) Are you a corporation? Yes No If yes, is it: U.S. **or** Foreign*
*If Foreign, is your corporation authorized to do business in the State of Iowa? _____

4) In the last year, have you obtained a permit through the City of Fairfield? Yes No

5) Selling Date(s) _____

6) Sales Location _____

7) Business / Product Description (including prices) _____

8) Food Establishment License Number (*if applicable) _____

***Please provide copy of license**

9) Starting with most recent, list the last three communities in which you have operated:

10) Have you ever been convicted of any crime or ordinance violation related to your transient merchant business within the last 5 years?

No Yes*

*If yes, what was the nature of the offense and the place of conviction? _____

Applicant must obtain & submit a certified criminal history (background check). The background check can be done online with the Division of Public Safety's Department of Criminal Investigations (DCI) at the following website: <http://www.dps.state.ia.us> or call (515) 725-6066 to request paper forms.

INDIVIDUALS WITH YOUR COMPANY (starting with immediate supervisor / manager)

**** Please submit photo ID's of all individuals**

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

VEHICLES WITH YOUR COMPANY (any used in the City of Fairfield)

Make, Model, Year	License Plate Number	State of Registration
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify the information I have provided is accurate and true and that I will comply with all State & Federal Codes along with the codes and ordinances of the City of Fairfield, Iowa.

Signed _____ Print Name _____

Date Filed _____ City Administrator _____

Approved _____ Denied _____ Police Chief _____

License Fee _____

- \$1.00 / day
- \$5.00 / week
- \$20.00 / month