

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) for ALL individuals listed below. 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