



PEDDLER OR SOLICITOR APPLICATION FOR A CITY LICENSE

City of Grand Mound
615 Sunnyside Street, P.O. Box 206
Grand Mound, IA 52751
gmcity@gmtel.net
1-563-847-2190

Name of Applicant _____
Social Security No. _____
Driver's License No. _____
Mailing Address _____
City/State/Zip _____
Aliases (list all used) _____
Date of Birth _____
Phone No. _____
Name of Company _____

Transient Merchant? Yes ___ No ___ **Before a license shall be issued to a transient merchant, the applicant must provide the City with a copy of the Surety Bond filed with the Secretary of State in accordance with Chapter 9C of the Code of Iowa.*

Make/Model/Year/Color/License Plate of transient merchant vehicle/trailer:

List all felonies and misdemeanor convictions, including traffic violations for the last ten (10) years:

Please list your last three towns/places of Peddling or Soliciting; and a contact phone number for a reference check:

- 1) _____
- 2) _____
- 3) _____

Has a similar license from the City of Grand Mound or any other jurisdiction been revoked? Yes ___ No ___

Transient Merchant or Peddler Permit Fees:

1 day \$25.00 ___ 1 Week \$50.00 ___ 6 months \$75.00 ___ 1 year \$125.00 ___

Application Fee: \$15.00 *Nonrefundable*

Please include a copy of your photo ID ___

Complete a Clinton County Sheriff's Records Request Form ___

Sign the DCI Records Request Form ____

Please make payments payable to the City of Grand Mound: Total Fees due \$_____

*All items must be completed and submitted to the City Clerk before the application can be processed. Please allow at least 2 WEEKS for your City license/permit to be processed. Licenses are non-transferable and must be displayed. The permit is only valid between the hours of 8:00 a.m. - 6:00 p.m. CST (Except on the 4th of July Holiday- Hours are extended until midnight cst).

*The application period/deadline for the 4th of July peddler permit is March 15th through May 15th each year. It is recommended that you apply as early as possible to avoid any delay in receiving a permit. Applicants shall allow a minimum of two weeks for the City license to be processed. Applications shall be denied for falsifying information, confirmation of a criminal background, written complaints on file from citizens, or if the reference check concludes the applicant is banned from a past place of business, or as deemed in the City of Grand Mound's City Code Chapter 122. Applicants who are denied may request an appeal hearing by submitting a written request for an appeal to the City Clerk. The appeal hearing will be before the City Council and held during the June City Council Meeting.

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Grand Mound, Iowa, whether said records are of a public, private or confidential matter, including criminal histories. My signature below is proof of my acknowledgment and I am aware of Section 122 of the City Code of Grand Mound and agree to abide by those rules. All information I have provided is true and accurate to the best of my knowledge.

_____(Applicant's Signature) Date: _____

Office Use Only: Application is Approved ____ Denied ____

| | |
|-------------------------------|-----|
| City application complete | ___ |
| All fees paid | ___ |
| Copy of Photo ID | ___ |
| Copy of Insurance (Transient) | ___ |
| Proof of Bond (Transient) | ___ |
| DCI Background Rcvd | ___ |
| Clinton County Sheriff Report | ___ |

Applicants who are denied may request an appeal hearing by submitting a written request for an appeal to the City Clerk. The appeal hearing will be before the City Council and held during the June City Council Meeting.

I _____ am requesting an appeal hearing before the City Council at the June City Council Meeting.

Date submitted to the City Clerk _____

City Clerk's signature that the appeal request was received prior to the City Council Meeting



STATE OF IOWA

Criminal History Record Check Request Form



Mail or Fax completed forms to:

Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

DCI Account Number: _____
(if applicable)

Send results to:

Name _____

Address _____

Phone _____

Fax _____

I am requesting an Iowa Criminal History Record Check on:

| | | |
|----------------------------------|---|---|
| Last Name (mandatory) | First Name (mandatory) | Middle Name (recommended) |
| | | |
| Date of Birth (mandatory) | Gender (mandatory) | Social Security Number (recommended) |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

Release Authorization: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.

*****This form (DCI-77) is the only approved release authorization form for this purpose.*****

Release Authorization: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

Release Authorization Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- ☐ No Iowa Criminal History Record found with DCI
- ☐ Iowa Criminal History Record attached, DCI # _____
- DCI initials _____

CLINTON COUNTY SHERIFF'S OFFICE

Sheriff Bill Greenwalt

DATE OF REQUEST: ____/____/____

**I AM REQUESTING MY RECORD FROM THE CLINTON COUNTY
SHERIFF'S OFFICE.**

REASON:

INSURANCE: ____

EMPLOYMENT: ____

OTHER: ____

PLEASE PRINT:

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

SIGNATURE: _____

Do not write below this line:

.....
DATE OF ARREST: CHARGE: DISPOSITION:

241 7TH Avenue North P.O. BOX 2957 Clinton, IA 52733-2957

Tel 563-242-9211 | Office Fax 563-243-7993 | Jail Fax 563-242-6307 | www.clintoncounty-ia.gov

The City of Grand Mound

Resolution No. 22-19

"Peddler or Solicitor Permit Application Policy"

Whereas, The City Council of the City of Grand Mound has an obligation to its citizens to complete thorough reviews of all Peddler and Solicitors requesting a City License and,

THEREFORE, be it resolved by the City Council of Grand Mound that the following Peddler or Solicitor Permit Application Policy be implemented:

Peddler or Solicitor Permit Application Policy

All applicants must complete the "Peddler or Solicitor Application for a City License" included in this resolution. The application fee is non-refundable.

Applicants shall allow a minimum of two weeks for the City license to be processed.

The timeframe to apply for a City License for the 4th of July Holiday is March 15th through May 15th each year.

Applications shall be denied for falsifying information, confirmation of a criminal background, written complaints on file from citizens, or if the reference check concludes the applicant is banned from a past place of business, or as deemed in the City of Grand Mound's City Code Chapter 122.

Applicants who are denied may request an appeal hearing by submitting a written request for an appeal to the City Clerk. The appeal hearing will be before the City Council and held during the June City Council meeting.

Transient merchants must submit a copy of the bond filed with the Secretary of State in accordance with Chapter 9C of the Code of Iowa.

APPROVED AND ADOPTED this 8^h day of August 2022.

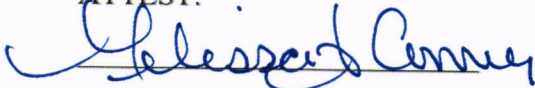
Ayes: Schanze, Beitelspacher, Banawetz, Marlowe, Beuthien

Nays: None.



Kurt Crosthwaite, Mayor

ATTEST:



Melissa Conner, City Clerk

