



**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
563-847-2190 (Phone & Fax)

Name of Applicant _____ Aliases (List all names ever Used) _____
Social Security No. _____ Date of Birth _____
Driver's License No. _____ Phone No. _____
Address/State/Zip _____
Make/Model/Year/Color/License Plate # of Vehicle _____
Name of Company you are representing: _____ Merchandise Description: _____
Transient Merchant? Yes ___ No ___ **Before a license shall be issued to a transient merchant, the applicant must provide the Clerk with a copy of the Surety Bond filed with the Secretary of State in accordance with Chapter 9C of the Code of Iowa.*

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, so we may call and check your references.

- 1) _____
2) _____
3) _____

Has a similar license from the City of Grand Mound, or any other jurisdiction been revoked?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

Transient Merchant/PEDDLER: 1 day \$25.00 ___ 1 Week \$50.00 ___ 6 months \$75.00 ___ 1 year \$125.00 ___ + Application fee of \$15.00

SOLICITOR: \$50.00 per person (NOT per Company) ___ + Application fee of \$15.00 per person

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. to 6:00 p.m. CST (Except on the 4th of July Holiday- Hours are extended until Midnight CST).

The deadline to apply for a 4th of July peddler permit is June 15th each year. This does not guarantee that your application can be processed by the 4th of July Celebration. It is recommended, that you apply as early as possible to avoid any delay in receiving a permit.

**Applications will 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.*

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 nature, including criminal histories. My signature below is proof of my acknowledgement 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 Completed _____	DCI Background Check Form Completed _____
All fees paid to the City _____	Proof of Bond provided for Transient Merchant _____
Copy of Photo ID provided _____	Clinton County Sheriff's Background Check Form Completed _____
Copy of Insurance Certificate for Peddler/Transient Merchant _____	

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



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

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

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 # _____

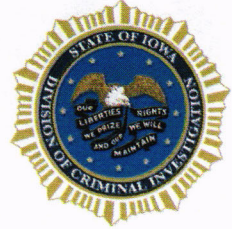
DCI initials _____



STATE OF IOWA

Criminal History Record Check

Billing Form



Date: _____

DCI Account Number: _____

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

From: _____

Phone: _____

Fax: _____

- A completed Billing Form is required when submitting record check requests to the DCI.
- Each last name submitted requires a separate Request Form with payment for each.
- Only one Billing Form is needed when submitting several requests at the same time.
- Payment must be included unless a pre-paid account is established.
- All pre-paid accounts must complete the DCI Account Number in the space provided above.
- All credit card payments must include the CSV Code for processing.
- Please check either Mail Back or Fax Back results, according to how you would like the results returned as we will not do both unless payment is included for each method.

Mail Back Results ☐

Fax Back Results ☐

*If neither box above is checked, results will be mailed back to the address provided.

Fee per request \$15.00

Number of requests submitted: x

Amount Due: \$

METHOD OF PAYMENT

(Checks should be made payable to the Iowa Division of Criminal Investigation)

Check ☐ # _____ Cash ☐ Money Order ☐ Pre-paid Account ☐ Interagency ☐

MasterCard/Visa/Discover: _____ Expiration Date: _____

Cardholder's Name: _____ CSV Code: _____
required

On the lines provided below, please write the last name(s) of the person(s) you are submitting the record check on. This is important for tracking purposes.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

6. _____ 7. _____ 8. _____ 9. _____ 10. _____