



City of Ogden
 513 W. Walnut St.
 PO Box 694
 Ogden, IA 50212
 www.ogdeniowa.org

(515) 275.2917
 (515) 275-4786 FAX

PEDDLER'S, SOLICITORS AND TRANSIENT MERCHANTS PERMIT APPLICATION

ALL individuals selling door-to-door or upon the public streets must fill out an application and pay the required fees.

<u>APPLICATION FEE:</u>	<ul style="list-style-type: none"> \$5.00 per applicant
<u>SOLICITORS LICENSE FEE:</u>	<ul style="list-style-type: none"> \$10.00 per applicant, per year
<u>PEDDLERS/TRANSIENT MERCHANTS LICENSE FEE:</u>	<ul style="list-style-type: none"> One Day -- \$5.00 per business One Week -- \$10.00 per business 6 Months -- \$20.00 per business 1 Year -- \$25.00 per business
<u>BOND REQUIRED:</u>	Before a license is issued to a transient merchant, an applicant shall provide to the Clerk evidence that the applicant has filed a bond with the Secretary of State in accordance with Chapter 9C of the Code of Iowa.

Name of Applicant: _____	Drivers License or Government ID #: _____
Permanent Address: _____	Permanent Phone #: _____
Local Address: _____	Local Phone #: _____
Business Address: _____	Business Phone #: _____
Applicant's Employer: _____	
Employer Address: _____	Employer Phone #: _____
Nature of Employer's Business: _____	

Communities in which Applicant/Applicant's Business has solicited within the past two (2) years:

(1) _____ (2) _____ (3) _____	}	References
-------------------------------------	---	------------

Length of time sought to be covered by license:

Beginning Date: _____ Location: _____

Ending Date: _____

(Licenses are in force and effect only between the hours of 8:00 a.m. and 6:00 p.m. Each individual must carry their issued permit and display it at the request of a citizen or law enforcement officer.)



City of Ogden
513 W. Walnut St.
PO Box 694
Ogden, IA 50212
www.ogdeniowa.org

(515) 275.2917
(515) 275-4786 FAX

**PEDDLER'S, SOLICITORS AND TRANSIENT
MERCHANTS PERMIT APPLICATION**

PHYSICAL DESCRIPTION OF APPLICANT (including recent photograph):

Date of Birth: _____
Hair Color: _____ Height: _____
Eye Color: _____ Weight: _____

Do you have any prior criminal convictions? ☐ Yes ☐ No

If "yes," give full details: _____

VERIFICATION:

I hereby certify that all statements made herein are true and correct to the best of my knowledge. I understand that all information could be verified by the local law enforcement agency. I understand that false statements made to law enforcement are punishable under Section 718.6 of the Code of the State of Iowa and subject to prosecution. I understand that the City of Ogden may, at any time, revoke this license pursuant to Section 122.11, including but not limited to when a legitimate complaint is filed and verified by law enforcement. The fees paid for this license are non-refundable in the event of revocation.

I certify that I have reviewed the applicable provisions of Chapter 122 of the Ogden Code of Ordinances. I agree to abide by all applicable local, state and federal regulations in the conduct of any business engaged in with a license issued as a result of this application.

Applicant's Signature _____

Date _____

Applicant's Printed
Name: _____

FOR OFFICE USE ONLY:

Date of Approval: _____

License #: _____

Signature of City Clerk: _____