



## Permit Application

Permit I am applying for:

☐ **Peddler/ Vendor**

Carrying goods for immediate sale  
from house to house or upon the  
public street or property

☐ **Solicitor**

Sale of goods for future delivery or  
solicitation of contributions from  
house to house or upon public street or  
Property

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Dates Requested for License: From: \_\_\_\_\_ To: \_\_\_\_\_

**Applicant Information: (please print)**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth (City & State) \_\_\_\_\_ Phone #: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State where Issued: \_\_\_\_\_

Aliases (List ALL other names ever used) \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing address (if different than current) \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*\*Attach a copy of your Driver's License\*\*\***

Have you had a municipal license in the City of West Branch before? ☐ Yes ☐ No

**List all felony convictions in your lifetime:**

Charge: \_\_\_\_\_

Location: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

Charge: \_\_\_\_\_

Location: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

Charge: \_\_\_\_\_

Location: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have any pending felony, misdemeanor or other crime charges pending now? ☐ Yes ☐ No

If yes, give full details and dates: \_\_\_\_\_

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As part of the application, each applicant shall provide an Iowa criminal history which shall be dated within one year of the application and shall be provided at the sole expense of the applicant. Criminal histories from other states may also be required. To obtain this record please go Iowa courts Online and print off document(s).

**Additional requirements:**

If a new applicant resided outside of Iowa anytime during the five years before applying, the person must also obtain, at his or her own expense, a copy of his or her current criminal history from each state of residence during the prior five years.

**Note: Failure to disclose any convictions may result in denial of your application**

**Business Information:**

Business Name as provided to the Iowa Secretary of State: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Federal ID #: \_\_\_\_\_

Business Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Product or Services to be sold (Be Specific): \_\_\_\_\_

Nature of business (Be Specific): \_\_\_\_\_

Dates Requested for License: \_\_\_\_\_

Last three (3) **Cities and Dates** applicant engaged in similar activities. If no answer please put N/A

1. City \_\_\_\_\_ Date(s) \_\_\_\_\_ Permit Issued Y / N

2. City \_\_\_\_\_ Date(s) \_\_\_\_\_ Permit Issued Y / N

3. City \_\_\_\_\_ Date(s) \_\_\_\_\_ Permit Issued Y / N

## Application Attachment Checklist

- |                                                                     |                                                                   |
|---------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Completed and signed application           | <input type="checkbox"/> Application fee (non-refundable) \$10.00 |
| <input type="checkbox"/> Copy of applicant's driver's license or ID | <input type="checkbox"/> Permit Fee                               |
| <input type="checkbox"/> Criminal history report(s)                 | <input type="checkbox"/> 1 day \$25                               |
| <input type="checkbox"/> Payment                                    | <input type="checkbox"/> 1 week \$50                              |
|                                                                     | <input type="checkbox"/> 6 months \$ 100                          |
|                                                                     | <input type="checkbox"/> 1 year or major part thereof \$175       |

**\*\*\* All items must be completed and submitted to the City Clerk's office before the application can be approved. \*\*\***

I \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of West Branch, Iowa, whether said records are of a public, private or confidential nature, including criminal histories.

I, the undersigned applicant, hereby swear that I will comply with all local, state and federal laws when conducting the business enterprise described herein and that all information contained in this application is true. I am aware that Statements given on this application are subject to investigation and verification. I understand that a permit shall be denied if the information provided on this application provides to be misrepresentation of the facts. I promise to release the City of West Branch, Iowa, its officials, agents or employees from any liability or damages which result from verifying the accuracy and reliability of the information contained on this application.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date

9/19/2024

For Clerk's Use Only

Result of investigation: \_\_\_\_\_

Permit was ☐ denied ☐ issued on \_\_\_\_\_ and expires \_\_\_\_\_

Permit was ☐ unpaid ☐ paid on \_\_\_\_\_ by cash ☐ check # \_\_\_\_\_ ☐ credit card ☐

Permit fee refunded upon license denial by ☐ cash ☐ check # \_\_\_\_\_

Signature Clerk \_\_\_\_\_ Date \_\_\_\_\_