



**City of Ames, Iowa**  
**Application Form**  
**Peddlers/Transient Merchants/Solicitors Permit**

**Company Information.** If multiple individuals are representing a company, this section should be completed by the supervisor of the group.

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Company Address \_\_\_\_\_  
Street City State Zip

Iowa Sales Tax # \_\_\_\_\_ Or Exemption # \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Address While in Area \_\_\_\_\_ Phone \_\_\_\_\_

Is Company Incorporated? \_\_\_\_\_ If yes, in what state is it incorporated? \_\_\_\_\_

Is Corporation authorized to do business in Iowa? \_\_\_\_\_ (Please provide copy of Certificate of Authority)

If yes, name of registered agent within a 50-mile radius of Ames:

\_\_\_\_\_  
Name Mailing Address City State Zip

Number in crew \_\_\_\_\_ Number of Minors \_\_\_\_\_ Is supervisor selling? \_\_\_\_\_

Name of Supplier \_\_\_\_\_ Phone \_\_\_\_\_

Please attach a list of products to be sold (including prices)

Are the products to be sold trademarked? (This includes any product using an Iowa State logo.) \_\_\_\_\_  
 If yes, the please provide proof that you are authorized to sell such products.

Company Convictions: (Please list any criminal convictions for your company. Use separate sheet if extra space is needed.)

\_\_\_\_\_  
Violation Place Date

**I Am Aware of Sec. 17.26 of the Ames Municipal Code and agree to abide by those rules, and I have informed all persons in the crew soliciting and/or peddling for which I am responsible. All information I have provided above is true and accurate.**

\_\_\_\_\_  
**Signature Date**

**As an Authorized Representative of the above-named company, I agree to be responsible for all acts of any sales associates covered under this registration.**

\_\_\_\_\_  
**Signature Date**

**Individual/representative Information.** This section to be completed by each individual requesting a permit. If solely representing a company, the "Company Information" section must also be completed.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Physical Description \_\_\_\_\_  
Eye Color Hair Color Height Weight Age

Last 4 digits of Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

List the last three municipalities where you or your company has most recently sold or solicited:

1. City \_\_\_\_\_ State \_\_\_\_\_ Phone Number \_\_\_\_\_

Address While in That City \_\_\_\_\_  
Street Address City State Zip Phone Number

2. City \_\_\_\_\_ State \_\_\_\_\_ Phone Number \_\_\_\_\_

Address While in That City \_\_\_\_\_  
Street Address City State Zip Phone Number

3. City \_\_\_\_\_ State \_\_\_\_\_ Phone Number \_\_\_\_\_

Address While in That City \_\_\_\_\_  
Street Address City State Zip Phone Number

List Information on all vehicles being used while in Ames (Use separate sheet if more space is needed.)

Make Model Color Year State & License Number

Make Model Color Year State & License Number

Convictions: (Please list any personal criminal convictions. Use separate sheet if extra space is needed.)

Violation Place Date

**I am aware of Sec. 17.26 of the Ames Municipal Code and agree to abide by those rules. All information I have provided above is true and accurate.**

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

**BACKGROUND WAIVER**

*(to be completed and signed by applicant)*

I authorize the City of Ames, Iowa, to check my background to determine suitability for a peddler's/solicitor's/transient merchant permit. I understand that this includes gathering of information relative to violation(s) of law which resulted in conviction(s).

My signature releases other police and civilian agencies, employers, schools, universities, colleges, and military services from liability for supplying background information to the City of Ames, Iowa.

In addition, my signature releases the City of Ames from liability for any statements, acts or omission in the course of the investigation into my background, employment history, health, family, personal habits and reputation. I understand that I am relinquishing all legal rights and causes of action related to the City of Ames investigation into my suitability for a permit.

I understand that this release may be photocopied and submitted for multiple checks related to this position.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

Printed Name: \_\_\_\_\_  
Last First Middle

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Month Day Year

DL#: \_\_\_\_\_ State of issue: \_\_\_\_\_