



## CITY OF MARION PEDDLERS, SOLICITORS, & TRANSIENT MERCHANT APPLICATION

(This application shall be submitted as required by Chapter 122 of the Marion Municipal Code.)

**Please complete all sections of this application. An incomplete application will be returned to applicant.**

**PLEASE RETURN TO:**

Marion City Hall  
1225 6<sup>th</sup> Avenue | Marion, IA 52302  
Phone: 319-743-6327  
Fax: 319-377-7892  
licensing@cityofmarion.org

**OFFICE USE ONLY:**

License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Fee Submitted: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date Approved: \_\_\_\_\_

CC: Police Department

\_\_\_\_ NEW APPLICATION      \_\_\_\_ RENEWAL APPLICATION

**1. APPLICANT INFORMATION**

Full Name of Applicant: \_\_\_\_\_

DBA (Doing Business As): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_

List the last three municipalities where the applicant carried on business and addresses from which such business was conducted:

MUNICIPALITY	ADDRESS	DATES

**2. ARRESTS AND CONVICTIONS**

List all arrests and convictions for violation of any municipal ordinance or state or federal law other than simple traffic misdemeanor offenses. (Attach additional sheets if necessary.)

OFFENSE	DATE	CITY/STATE	DISPOSITION

3. **BUSINESS INFORMATION**

Full Name of Business: \_\_\_\_\_

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

Business Phone #: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ State Sales Tax ID #: \_\_\_\_\_

Is Business Incorporated?: \_\_\_\_\_ If yes, in which state: \_\_\_\_\_

Is Business legally responsible for the acts of the applicant while operating under this license?:  
\_\_\_\_\_

Describe the nature of the Business: \_\_\_\_\_  
\_\_\_\_\_

Description of goods to be sold: \_\_\_\_\_  
\_\_\_\_\_

4. **DATES AND LOCATION**

Date(s) and Time(s) of operation under this license: \_\_\_\_\_  
\_\_\_\_\_

Provide the proposed location, address, route, and/or area in which the business is to be operated:  
\_\_\_\_\_  
\_\_\_\_\_

5. **VEHICLE INFORMATION**

Vehicle(s) information (Make, Model, Color, License Plate #, and State): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Bond Attached (Bond from Surety Company of \$1,000.00 conditioned as per Section 122.13 of the Marion Municipal Code Required.) \_\_\_\_\_ YES \_\_\_\_\_ NO

7. Attached Certificate of Insurance providing proof of general liability insurance in the amount of \$300,000/occurrence and \$100,000/property damage (conditioned as per Section 122.14 of the Marion Municipal Code.) \_\_\_\_\_ YES \_\_\_\_\_ NO

8. A completed Criminal History Background Check Form is attached: \_\_\_\_\_ YES \_\_\_\_\_ NO

9. License Fee Enclosed (\$200/year; \$65/month; \$35/week; \$20/day – Background \$17.00 per name):  
\_\_\_\_\_ YES \_\_\_\_\_ NO

APPLICANT AGREES TO LEAVE PRIVATE PROPERTY PROMPTLY WHEN REQUESTED TO DO SO BY THE OWNER, TENANT, OCCUPANT, OR PERSON IN CONTROL OF THE PROPERTY.

APPLICANT WILL NOT ENTER UPON PRIVATE PROPERTY WHERE A SIGN IS POSTED INDICATING *NO SOLICITATION ALLOWED, NO SOLICITORS, DO NOT DISTURB*, OR WORDS OF SIMILAR IMPORT OF ANY OF THE PHRASES.

THIS LICENSE IS NON-TRANSFERABLE AND DOES NOT CONSTITUTE PROPERTY OR PROPERTY RIGHTS OR INTERESTS OF ANY KIND.

THIS LICENSE IS SUBJECT TO REVOCATION BY THE MARION CHIEF OF POLICE AT ANY TIME THE CHIEF DETERMINES IN THE EXERCISE OF THE CHIEF'S SOLE DISCRETION THAT TO DO SO WOULD BE IN THE BEST INTEREST OF THE PUBLIC.

APPLICANT HAS READ AND IS FAMILIAR WITH THE ORDINANCES OF THE CITY OF MARION RELATING TO PEDDLERS, SOLICITORS, AND TRANSIENT MERCHANTS, AND IN PARTICULAR CHAPTER 122 OF THE MUNICIPAL CODE OF MARION AND AGREES TO COMPLY WITH SUCH ORDINANCE.

THE APPLICANT HAS PERSONAL KNOWLEDGE OF THE INFORMATION CONTAINED IN THIS APPLICATION AND IT IS TRUE AND CORRECT.

Signature	Date
* * * * *	* * * * *

SUBSCRIBED AND SWORN BEFORE ME BY \_\_\_\_\_  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(NOTARY PUBLIC IN AND FOR LINN COUNTY, IOWA)

**APPROVAL/BACKGROUND CHECK**

Police Chief Signature	Date	Approved: _____	Denied: _____
COMMENTS: _____			
_____			

**LICENSE ISSUANCE**

City Clerk Signature	Date	Approved: _____	Denied: _____
COMMENTS: _____			
_____			





# STATE OF IOWA

## Criminal History Record Check Request Form



DCI Account Number: \_\_\_\_\_  
(if applicable)

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

**From:** \_\_\_\_\_  
 \_\_\_\_\_  
**City of Marion**  
 1225 6<sup>th</sup> Ave.  
 Marion, IA 52302  
 \_\_\_\_\_  
**Phone:** 319-743-6327  
**Fax:** 319-377-7892  
 \_\_\_\_\_

I am requesting an Iowa Criminal History Record Check on:

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

**Waiver Information:** Without a signed waiver 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 waiver signature from the subject of the request.

**Waiver Release:** 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.

**Waiver Signature:** \_\_\_\_\_

<h3><u>Iowa Criminal History Record Check Results</u></h3>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	

### **Waiver Information:**

Iowa law does ***not*** require a waiver. However, without a signed waiver from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed waiver from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a waiver.

### **General Information:**

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) ***only***. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a ***deferred judgment*** ***is not*** considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence*** ***is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:30 p.m., Monday - Friday.

**REMINDER** - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed billing form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.