

**PERMIT APPLICATION FOR  
PEDDLER, SOLICITOR OR TRANSIENT MERCHANT**

1. Name of Applicant: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Driver's License No: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_
2. Permanent Home Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_
3. Brief description of the nature of the business and the goods to be sold:  
\_\_\_\_\_  
\_\_\_\_\_
4. Name and address of employer: \_\_\_\_\_  
Employer's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_
5. Date requested: \_\_\_\_\_ through \_\_\_\_\_ (30 days)
6. Where will goods be sold? \_\_\_\_\_
7. Attach current photo of applicant taken within 60 days (2 in x 2 in. showing head and shoulders).
8. Have you been convicted of any crime, misdemeanor or violation of any municipal ordinance, nature of the offense and the punishment or penalty assessed:  
\_\_\_\_\_  
\_\_\_\_\_
9. Upon sale or order, how will payment be made? \_\_\_\_\_  
\_\_\_\_\_
10. Description of vehicle used: \_\_\_\_\_  
License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

- 11. Permit is valid **only** during the days and hours listed below:  
**9 a.m. – 1/2 hour before sunset.**  
**Monday – Saturday. (No sales on Sunday or on federal holidays)**
- 12. Permit is valid **only** for the applicant listed on page one of permit. **(Anyone assisting applicant must also obtain a permit)**
- 13. List the last (5) municipalities where you have worked before coming to Mount Pleasant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 14. Upon receipt of an application for a permit required by this article, the original shall be referred to the Chief of Police who shall cause such investigation of the applicant's business and moral character to be made as he deems necessary for the protection of the public good. The Chief of Police shall complete his investigation within one (1) week of receiving the application.

\_\_\_\_\_  
 (Signature, Chief of Police)

- 15. A copy of the applicant's Iowa Retail Sales Tax Permit and \$50.00 to cover cost of processing this application has been deposited with the City Clerk.

\_\_\_\_\_  
 (Signature, City Clerk)

\_\_\_\_\_  
 (Date)

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TO: \_\_\_\_\_ DATE \_\_\_\_\_

Your application for a Transient Merchant in the City of Mount Pleasant for  
 \_\_\_\_\_ has been (Approved) (Denied).

\_\_\_\_\_  
 (Signature)

**Violation of any of the conditions of this permit will result in immediate termination of the permit. A copy of this permit must be carried at all times and presented upon request.**