



**PEDDLER OR SOLICITOR
APPLICATION FOR A CITY LICENSE**

City of Grand Mound
615 Sunnyside Street; P.O. Box 206
Grand Mound, IA 52751
gmcity@gmtel.net
563-847-2190 (Phone & Fax)

Name of Applicant _____ Aliases (List all names ever Used) _____
Social Security No. _____ Date of Birth _____
Driver's License No. _____ Phone No. _____
Address/State/Zip _____
Make/Model/Year/Color/License Plate # of Vehicle _____
Name of Company you are representing: _____ Merchandise Description: _____
Transient Merchant? Yes ___ No ___ **Before a license shall be issued to a transient merchant, the applicant must provide the Clerk with a copy of the Bond filed with the Secretary of State in accordance with Chapter 9C of the Code of Iowa.*

List all felonies and misdemeanor convictions, including traffic violations for the last ten (10) years:

Please List your last three towns/places of Peddling or Soliciting; and a contact phone number, so we may call and check your references.

- 1) _____
- 2) _____
- 3) _____

Has a similar license from the City of Grand Mound, or any other jurisdiction been revoked? Yes ___ No ___

PEDDLER: 1 day \$25.00 ___ 1 Week \$50.00 ___ 6 months \$75.00 ___ 1 year \$125.00 ___ + Application fee of \$15.00

SOLICITOR: \$50.00 per person (NOT per Company) ___ + Application fee of \$15.00 per person

Please make payments payable to "The City of Grand Mound" Total Fees Due \$_____

* All items must be completed and submitted to the City Clerk before the application can be processed. Please allow at least **2 WEEKS** for your City License/Permit to be processed. Licenses are non-transferable and must be displayed. The permit is only valid between the hours of 8:00 a.m. to 6:00 p.m. CST (Except on the 4th of July Holiday- Hours are extended until Midnight CST).

The deadline to apply for a 4th of July peddler permit is June 15th each year. This does not guarantee that your application can be processed by the 4th of July Celebration. It is recommended, that you apply as early as possible to avoid any delay in receiving a permit.

**Applications will be denied for falsifying information, confirmation of a criminal background, written complaints on file from citizens, or if the reference check concludes the applicant is banned from a past place of business.*

I _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Grand Mound, Iowa, whether said records are of a public, private or confidential nature, including criminal histories. My signature below is proof of my acknowledgement and I am aware of Section 122 of the City Code of Grand Mound and agree to abide by those rules. All information I have provided is true and accurate to the best of my knowledge.

(Applicant's Signature)

Date : _____

OFFICE USE ONLY : Application is APPROVED ___ DENIED ___

City Application Completed ___
All fees paid to the City ___
Copy of Photo ID provided ___

DCI Background Check Form Completed ___
Proof of Bond provided for Transient Merchant ___
Clinton County Sheriff's Background Check Form Completed ___

CLINTON COUNTY SHERIFF'S OFFICE

RICK LINCOLN, Sheriff

DATE: _____

I AM REQUESTING MY RECORD FROM THE CLINTON LAW ENFORCEMENT
CENTER.

REASON: _____

INSURANCE: _____

EMPLOYMENT: _____

OTHER: _____

PLEASE PRINT:

NAME: _____ ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY: _____

SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE:

DATE OF ARREST:

CHARGE:

DISPOSITION:



STATE OF IOWA
Criminal History Record Check
Request Form



DCI Account Number: _____
(if applicable)

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

From: _____

Phone: _____

Fax: _____

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (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: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

☐ No Iowa Criminal History Record found with DCI

☐ 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.



STATE OF IOWA
Criminal History Record Check
Billing Form



Date: _____

DCI Account Number: _____

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

From: _____

Phone: _____

Fax: _____

- A completed **Billing Form** is required when submitting record check requests to the DCI.
- Each last name submitted requires a separate **Request Form** with payment for each.
- Only one **Billing Form** is needed when submitting several requests at the same time.
- **Payment must be included** unless a pre-paid account is established.
- All pre-paid accounts must submit an **Account Number**.
- Please check either **Mail Back** or **Fax Back** results; we will not do both.

Mail Back Results ☐

Fax Back Results ☐

*If neither box above is checked, results
will be mailed back to the address provided.

Fee per request \$15.00

Number of requests submitted: x

Amount Due: \$

METHOD OF PAYMENT

(Checks should be made payable to the Iowa Division of Criminal Investigation)

Check ☐ # _____ Cash ☐ Money Order ☐ Pre-paid Account ☐ Interagency ☐

MasterCard/Visa/Discover: _____ Expiration Date: _____

Cardholder's Name: _____

On the lines provided below, please write the last name(s) of the person(s) you are submitting the record check on. This is important for tracking purposes.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
6. _____ 7. _____ 8. _____ 9. _____ 10. _____