TOLEDO POLICE DEPARTMENT
214 West High Street, Toledo, Iowa 52342
Phone: (641) 484-3013 Fax: (641) 484-2280
Email: cityhall@toledoiowa.gov

Peddlers/Solicitor/Transient Merchant Application Checklist

- ○ **Completed Application**
- ○ **Paid $100.00 application fee**
- ○ **Copy of Insurance/Secretary of State Bond**
- ○ **Dept of Inspections & Appeal License**
- ○ **Photo ID**

All documents must be attached and turned in before a review is done by the Chief of Police. Application will not be processed unless application fee has been paid and all required documents accompany the application.

Definitions:

- **Peddler** means any person carrying goods or merchandise who sells or offers for sale for immediate delivery such goods or merchandise from house to house.
- **Solicitor** means any person who solicits or attempts to solicit from house to house or upon the public street any contribution or donation or any order for goods, services, subscriptions or merchandise to be delivered at a future date.
- **Transient Merchant** means any person who engaged in a temporary or itinerant merchandising business offering goods or services and who in the course of such business hires, leases or occupies any building or structure whatsoever, or who operates out of a vehicle which is parked anywhere within the City limits. (I.E. Food Trucks, Firework Sales)

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Peddlers/Solicitor/Transient Merchant Application

This application must be submitted prior to the issuance of a peddlers/solicitor/transient merchant license along with a personal interview with the Police Chief. This application may not be used for Transient Merchant license unless accompanied with proof of a bond filed with Iowa Secretary of State in accordance with Chapter 9C of the Code of Iowa. A copy of a photo ID must be submitted with the application.

Date of Application: _____ **Selling Location:** _____

Applicant's Name: _____ **Email:** _____

Applicant's Address: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Date of Birth:** _____

Company/Business Name: _____

Company/Business Address: _____ **State:** _____ **Zip:** _____

Manager/Supervisor's Name: _____ **Phone Number:** _____

A Brief Description of the Nature of the Business: _____

Vehicle Make: _____ **Model:** _____ **Year:** _____

License Plate Number: _____ **State:** _____

Driver's License Number: _____ **State:** _____

Hair Color: _____ **Eye Color:** _____ **Height:** _____ **Weight:** _____

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Length of Time Sought to be Covered by License

Licenses are in force and in effect between the hours of 8:00 a.m. to 8:00 p.m.
Application shall be valid for 6 months, license valid by calendar month paid unless otherwise prescribed by Iowa Law.
Each individual must carry their issued license and display it at the request of a citizen or a law enforcement officer.

License Fee: $100.00 per calendar month

☐ **One Month** ☐ **Three Month** ☐ **Six Month**

Name and location of the last three municipalities where the applicant carried on business within the past two years:

Name: _____ **Location:** _____

Name: _____ **Location:** _____

Name: _____ **Location:** _____

Do you have any prior criminal convictions? ☐ **No** ☐ **Yes**

If so, please explain: _____

Have you ever applied and been denied a license under this chapter? ☐ **No** ☐ **Yes**

If so, please explain: _____

Have you ever had a license revoked under this chapter? ☐ **No** ☐ **Yes**

If so, please explain: _____

Have you ever been listed on any sex offender registry within the last 5 years? ☐ **No** ☐ **Yes**

If so, where and please explain: _____

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Acknowledgement:

I hereby certify that all statements made herein are true and correct to the best of knowledge. I understand that all information will be verified by the local law enforcement agency. I understand that false statements made to the enforcement agency are punishable under Section 718.6 of the Cod of the State of Iowa and subject to prosecution. I understand that the City of Toledo may revoke this license pursuant to Section 122.10. The fees paid for this license are non-refundable in the event of revocation.

I certify that I have reviewed the applicable provisions of Chapter 122 of the City of Toledo Code of Ordinances. I agree to abide by all applicable local, state and federal regulations in the conduct of any business engaged in with a license issued because of this application.

_____ _____

Print Name Date

_____

Applicant's Signature

_____

Police Department Only

Date Received: _____ ☐ Approved ☐ Denied

Reason/Explanation: _____

_____

_____ _____

Signature of Police Chief License Number