



City of Clive`
1900 NW 114th Street
Clive, IA 50325

Phone: 515-223-6220
Fax: 515-457-3091

SOLICITOR PERMIT APPLICATION

\$ 20 Non-refundable Application Fee AND \$ 20 One-Day Permit Fee or \$ 100 One-Week Permit Fee

Name: _____

Permanent Address: _____ City/State: _____ Phone: _____

Local Address: _____ City/State: _____ Phone: _____

Photo Driver's License/Identification Must Accompany Application.

Date of Birth _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Name of Business: _____ Address: _____

City/State: _____ Business Phone #: _____

Nature of Applicant's Business/description of merchandise if applicable:

Contact Person (if applicable): _____ Alternate Phone: _____

Last three (3) places in which applicant has been engaged in similar activity:

1. _____ 2. _____ 3. _____

Permit Beginning Date _____ Permit Ending Date _____

Have you ever been convicted of a felony, arrested for theft, fraud, or a crime involving moral turpitude?

Yes _____ No _____ If yes, give full details: _____

Applicant must obtain a criminal history background check from the Department of Criminal Investigation, Wallace State Office Building, Des Moines, IA 50319, phone 515-281-4776; web address: <http://www.state.ia.us/government/dps/dci>.

Applicant is required to provide a personal surety bond in the amount of \$ 1,000.

SIGNATURE OF APPLICANT

SIGNATURE OF DEPUTY CITY CLERK

(FOR OFFICE USE ONLY)

License for 30 days maximum. **Soliciting from 9:00AM to 7:00PM Monday-Saturday and 1:00 PM to 5PM on Sunday**

DATE: _____

FEE PAID: _____

LICENSE #: _____ Police Chief: Approved: _____ Yes _____ No