



City of Clive`  
1900 NW 114<sup>th</sup> 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