



203 S. Main Street
Baxter, Iowa 50028
(641) 227-3120

PEDDLER'S AND SOLICITOR'S REGISTRATION

Name of Applicant:

Social Security#:

Permanent Address:

Permanent Phone#:

Local Address:

Local Phone#:

Business Address:

Business Phone#:

(If Applicable) Applicant's Employer:

Employer Address:

Employer Phone#:

Applicant's Email:

Employer Email:

Nature of Employer's Business/Purpose of Solicitation:

Length of time sought to be covered by license:

Beginning Date:

Ending Date:

(Licenses are in force and effect between the hours of 9:00 a.m. and 6:00 p.m., Monday through Saturday.)

PHYSICAL DESCRIPTION OF APPLICANT **(include photo ID, such as driver's license or passport):**

Date of Birth:

Hair Color:

Height:

Eye Color:

Weight:

Have you ever been convicted of an offense involving sexual abuse and/or a crime requiring sex offender registration, serious injury or death to another person, kidnapping, false imprisonment, robbery, burglary, theft, fraud, forgery, identity theft, trespass, harassment, or stalking?

Yes No

If "yes," give full details:

I hereby certify that the statements made herein are true and correct as I verily believe.

Applicant's Signature _____