## **SLATER'S APPLICATION FOR PEDDLERS PERMIT**

Name of Applicant:	Date:	
Social Security No:	Date of Birth:	
Description: AGE HEIGHT _	WEIGHT EYES HAIR	
Permanent Home Address:		
Local Address:	Phone (must be able to reach you while in town)	
Description of Business and Goods	to be sold:	
Name of Applicant's Employer:		
Applicant's Position with Employer:		
If Employer is a Corporation: State of	of Corporation:	
Is Corporation authorized to do busi	iness in Iowa?	
Dates desired to do business in Slat	ter (max. of 1 yr from current date)	
Number & location of establishment	s or parts of Slater to be canvassed:	
MOTOR VEHICLE INFORMATION:	•	
Make/Model/Yr	State registered in:	
Owners name:	License Number: Motor Vehicle Number:	
	y crime, misdemeanor (other than traffic) or felony? If so, what	_
forms, advertising, etc) and bond a with this application	erials used in selling (contracts, notices of cancellations, recast required by lowa Code Sect 9C.4 are required to be submit	tted
	f perjury, that I have examined this application and that to the I entries made herein are true, complete, and correct, and regulations applicable hereto.	
Fees:	Applicant's Signature	
\$50 for door-to-door sales \$10 for street vending		
N/C for Youth groups/non profit	Applicant's Printed name	