

**CITY OF DUBUQUE**  
**APPLICATION FOR SOLICITOR'S LICENSE**  
**(Door-to-Door, No Fixed Location)**  
**FEE: \$100.00 for 60 days/\$200.00 for 120 days/\$300 for 180 days**  
**(Please include additional \$9.95 Background Check Fee with your payment)**

DATE \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

LICENSE TIMEFRAME APPLYING FOR: ☐ 60 DAYS ☐ 120 DAYS ☐ 180 DAYS

SOLICITATION START DATE WITHIN CITY LIMITS \_\_\_\_\_

SOLICITATION END DATE WITHIN CITY LIMITS \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY – STATE – ZIP \_\_\_\_\_

BUSINESS OWNER NAME \_\_\_\_\_

BUSINESS OWNER PHONE \_\_\_\_\_

BUSINESS OWNER EMAIL \_\_\_\_\_

TYPE OF BUSINESS:

☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY  
☐ CORPORATION

IS THE COMPANY A FOREIGN BUSINESS ENTITY? ☐ YES ☐ NO

*A foreign entity is organized, established under, and subject to the laws of some other jurisdiction – most often another state in the U.S., but can also be a foreign country.*

IF PARTNERSHIP, LIMITED LIABILITY COMPANY, OR CORPORATION, PLEASE LIST ALL WITH 10% INTEREST OR MORE IN THE BUSINESS (ATTACH ADDITIONAL PAGES IF NECESSARY):

NAME _____	PHONE _____
NAME _____	PHONE _____

IF LIMITED LIABILITY COMPANY OR CORPORATION, DOES THE COMPANY HAVE A BUSINESS NUMBER ISSUED BY THE IOWA SECRETARY OF STATE?

☐ YES ☐ NO

PLEASE ENTER YOUR STATE OF IOWA BUSINESS NUMBER, WHICH IS ISSUED BY THE IOWA SECRETARY OF STATE WHEN YOU REGISTER YOUR BUSINESS (*do not provide Tax ID Number*):

\_\_\_\_\_

DESCRIPTION OF NATURE OF BUSINESS AND GOODS TO BE SOLD OR SERVICES PERFORMED

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VALUE OF GOODS (WARES, PRODUCTS OR MERCHANDISE TO BE SOLD OR OFFERED FOR SALE, OR AVERAGE INVENTORY TO BE CARRIED IF SOLICITOR IS AN INTERMITTENT OR TEMPORARY BUSINESS) \_\_\_\_\_

**\*Applicant must file a Surety Bond in the amount of five thousand dollars (\$5,000) with the City Clerk as per City Code.**

**\*\*All in-home or home-based businesses must comply with all of the provisions of Article 7-1 of the City of Dubuque Unified Development Code. Contact Planning Services Department for more information at 563-589-4210.**

**General Waiver**

I hereby give my consent to investigate and compile a complete history of information concerning my personal character and criminal record, etc. I hereby request the Dubuque Police Department to submit any and all information concerning me to the City Clerk's Office. I hereby release the Dubuque Police Department from all liability for damages whatsoever for furnishing any information concerning me.

I hereby certify that the products to be sold or the services to be performed do not, in any respect infringe upon any federal or state copyright or license and that the information contained in this application is true and accurate to the best of my knowledge. I further certify that I have read, understand, and will comply with the City of Dubuque Code of Ordinances requirements.

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Applicant's Signature

Please submit the application by securely uploading it to the following link:  
<https://cityofdubuque.sharefile.com/r-rfaf2deb6f0254c3aa746d87e6d7f5a51>

Do not email this document as it contains personal and confidential information.

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**For Office Use Only**

Background check for applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bond on file? \_\_\_\_\_ Yes \_\_\_\_\_ No

*FEE PAID* \_\_\_\_\_ *DATE RECEIVED* \_\_\_\_\_

*POLICE* \_\_\_\_\_

*LICENSE NO* \_\_\_\_\_