

<p>If more than one person is covered by this application, please complete the form on page three of this Application</p>	
<p>Signature of Applicant: I hereby affirm that the information contained in this application is true and exact to the best of my knowledge.</p>	<p>I hereby appoint the Grinnell City Clerk as agent for service of process in the event of claim or litigation against this registrant arising out of or in connection with any peddling or solicitation. (This shall not apply to corporations which have a registered agent listed in the Iowa Secretary of State's office.)</p>
<p>Date:</p>	
<p>NOTICE: APPLICATION MUST BE FILED AT LEAST 10 DAYS PRIOR TO THE FIRST DAY OF ANY SALE</p>	<p>Signature of Applicant</p>
<p>Approval of the Police Chief:</p>	
<p>Signature</p>	
<p>Bond in the amount of \$10,000 required of all applicants:</p>	<p>License Fee: \$25 per day</p>
<p>Approval of City Clerk:</p>	<p>Dates this license is to be in effect:</p>
<p>Signature</p>	



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
 215 E. 7th Street
 Des Moines, Iowa 50319
 (515) 725-6066
 (515) 725-6080 Fax

From: _____

Phone: _____

Fax: _____

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

<u>Iowa Criminal History Record Check Results</u>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	

Waiver Information:

Iowa law does ***not*** require a waiver. However, without a signed waiver from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed waiver from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a waiver.

General Information:

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) ***only***. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a ***deferred judgment*** ***is not*** considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence*** ***is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:30 p.m., Monday - Friday.

REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.



STATE OF IOWA

Criminal History Record Check Billing Form



Date: _____ DCI Account Number: _____

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: _____

Phone: _____
Fax: _____

- A **completed Billing Form** is required when submitting record check requests to the DCI.
- Each last name submitted requires a separate **Request Form** with payment for each.
- Only **one Billing Form** is needed when submitting several requests at the same time.
- **Payment must be included** unless a pre-paid account is established.
- All pre-paid accounts must complete the **DCI Account Number** in the space provided above.
- All credit card payments must include the **CSV Code** for processing.
- Please **check either Mail Back or Fax Back results**, according to how you would like the results returned as **we will not do both** unless payment is included for each method.

Mail Back Results <input type="checkbox"/> Fax Back Results <input type="checkbox"/> <small>*If neither box above is checked, results will be mailed back to the address provided.</small>	Fee per request <u> \$15.00 </u> Number of requests submitted: <u> x </u> Amount Due: \$ _____
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METHOD OF PAYMENT
 (Checks should be made payable to the Iowa Division of Criminal Investigation)

Check # _____
 Cash
 Money Order
 Pre-paid Account
 Interagency

MasterCard/Visa/Discover: _____
 Expiration Date: _____

Cardholder's Name: _____
 CSV Code: _____
required

On the lines provided below, please write the last name(s) of the person(s) you are submitting the record check on. This is important for tracking purposes.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
6. _____ 7. _____ 8. _____ 9. _____ 10. _____