

# City of Marshalltown

## Secondhand Dealer, Itinerant Dealer, Pawnbroker Permit

RETURN APPLICATIONS TO: CITY CLERK, 24 N CENTER ST, MARSHALLTOWN, IA 50158 , 641.754.5701, [CLERK@MARSHALLTOWN-IA.GOV](mailto:CLERK@MARSHALLTOWN-IA.GOV)

### Permit Type:

- ☐ SECONDHAND DEALER. Any person who engages in the business of purchasing, selling, receiving, trading, consignment selling or otherwise transferring for value any secondhand property (to include any automated or camera-enabled kiosk).
- ☐ ITINERANT DEALER. Any dealer who engages in any temporary or transient business conducted in a shop, room, hotel room, motel room, or other premise used for any duration less than thirty (30) consecutive days or used on a temporary basis.
- ☐ PAWNBROKER. Any person who shall in any manner lend or advance money or other things for profit on the pledge or possession of personal property, or other valuable things, other than securities or written evidence of indebtedness, or who deals in the purchasing of personal property or other valuable things on condition of selling the same back to the seller at a stipulated price.

Business Name	
Name of person, firm, or corporation whose account business will be carried on	
If a corporation, under the laws of what state is it incorporated?	
Local Address	Permanent Address
Phone Number	Email
Nature of Business	
<input type="checkbox"/> New Business or <input type="checkbox"/> Existing Business	

Itinerant Dealers: Location of Operation	Date(s) of Operation

Itinerant Dealers: List the principals, agents, and employees of the applicant's business during the time that it is proposed that such business will be carried on in the City of Marshalltown

Name	Address	Capacity (Proprietor, Agent, Employee)

Have you been convicted of the offense of receiving stolen goods, burglary, or robbery, or to a person who has been convicted of a financial crime more serious than a simple misdemeanor, or to a person who has been convicted of any felony? ☐ YES ☐ NO

Have any of your employees, co-owners or business partners been convicted of the offense of receiving stolen goods, burglary or robbery, or convicted of a financial crime more serious than a simple misdemeanor, or convicted of any felony? ☐ YES ☐ NO

**REQUIRED ATTACHMENTS:**

- Credentials from the person, firm, or corporation for which the applicant proposed to do business, authorizing the applicant to act as such representative to include a State Issued Certificate of Existence or Organization for the business, Sales Tax Permit for the business.
- Copy of a Government issued ID.
- Permit fee payable to the City of Marshalltown: \$50.

*I, the undersigned applicant(s), acknowledge receipt of the requirements relating to operations under this permit and will operate pursuant to those requirements and by the requirements of the State of Iowa. I have read this statement before signing and the statements made herein are true and may be relied upon in granting this application. The application must be signed by the applicant, if an individual; by all partners, if a partnership; or by the president, if a corporation.*

Applicant Signature	Printed Name	Date
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Applicant Signature	Printed Name	Date
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**OFFICIAL USE ONLY:**

Application to Police Department:	_____
Application to Zoning Administrator:	_____
Permit Issued:	_____

Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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