



614 5th STREET, P.O. BOX 369
PERU, NE 68421

CITY OF PERU

WEBSITE: PERUNE.GOV

PHONE: (402) 872-6685

cityclerkcityofperu@gmail.com

CITY OF PERU, NEBRASKA
APPLICATION FOR PEDDLERS, SOLICITORS, OR MERCHANT PERMIT

Note to Applicant: All permits expire ninety (90) days from the date of issuance and permits are non-transferable

SECTION 1: APPLICANT & BUSINESS INFORMATION

Applicant Full Legal Name: _____

Applicant Home Address: _____

Phone Number: _____ Email: _____

Business/Company Name: _____
(Person or entity for whose purpose business will be carried on)

Business Street Address: _____

If Corporation, State of Incorporation: _____

SECTION 2: MANAGEMENT / SUPERVISION

Manager/Supervisor Name _____

Local Address: _____

Permanent Address: _____

Capacity / Title: _____

SECTION 3: TYPE OF LICENSE & BUSINESS DETAILS

LICENSE TYPE REQUESTED (Check one):

- ☒ PEDDLER - Travels carrying goods or sells from a public place
☐ SOLICITOR - Takes orders for future delivery of goods or services
☐ ITINERANT MERCHANT - Temporary business using a building/structure/vehicle

Proposed Operating Dates/Time Period(s): _____



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Nature, Character, & Quality of Goods or Services Offered: _____

FOR GOODS ONLY:

Invoice Value of Goods: \$ _____

Sales Method: ☐ From Stock ☐ By Sample ☐ Both

Where & By Whom Manufactured/Grown: _____

Current Location of Goods: _____

Nature of Proposed Advertising: _____

SECTION 4: PHYSICAL & VEHICLE DESCRIPTION

APPLICANT DESCRIPTION:

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ DOB: _____

DL / State ID Number: _____ State: _____

VEHICLE INFORMATION (If used in business)

Make/Model: _____ Year: _____ Color: _____

License Plate / Registration No.: _____ State: _____

SECTION 5: BACKGROUND & CRIMINAL HISTORY

Has the Applicant, Manager/Supervisor, or Business Entity ever been convicted
of any crime or misdemeanor?

☐ YES ☐ NO

If YES, list each offense and penalty assessed below:

1. Offense: _____ Penalty: _____

2. Offense: _____ Penalty: _____



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SECTION 6: REQUIRED ATTACHMENTS

- ☐ Credentials / Letter of Authority from the company or person represented.
- ☐ Food Handlers Only: Statement from a licensed physician dated within 10 days certifying freedom from contagious or communicable diseases.

SECTION 7: APPLICANT ACKNOWLEDGMENT & SIGNATURE

I hereby certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief.

I understand that any willful misstatements, fraud, or misrepresentation are grounds for application denial or immediate license revocation.

I agree to strictly comply with all provisions of Peru City Ordinances, and other applicable laws, including respecting all posted "NO SOLICITORS INVITED" notices and departing premises immediately when requested by an occupant.

Signature of Applicant: _____ Date: _____

FOR CITY CLERK OFFICE USE ONLY

Date Received: _____

Investigation Results: [] Approved | [] Disapproved

License Number Issued: _____

Expiration Date (90 Days): _____

Notes: _____

City Clerk Signature: _____ Date: _____