



PERRY
Make Yourself At Home!

1102 Willis Ave., Suite 300 • PO Box 545 • Perry, Iowa 50220-0545
 515-465-2481 • www.perryia.org • Fax 515-465-4862

PEDDLERS, SOLICITORS AND TRANSIENT MERCHANTS APPLICATION
CITY OF PERRY, IOWA

Non-Refundable Application fee: \$25.00
Six-Month License Fee: \$50.00

Peddler, Solicitors, Transient Merchant and Vendor Application Checklist:			
YES	Requirement:	Required By:	Source:
	Mobile food Unit/Pushcart License *	State of Iowa	http://www.dia.iowa.gov (515) 281-7102
	Certificate of Inspection*	State of Iowa	Terri Duden, Licensing Assistan: (515) 281-6538
	Iowa Retail Sales Tax Permit	State of Iowa	http://www.iowa.gov/tax/
	Completed City of Perry Application	City of Perry	http://www.perryia.org/licenses--permits.html
	Application Fee	City of Perry	

***If Selling Food**

Applicant and Business Information:

Applicant's Name: _____ **Date:** _____

Applicant's Social Security Number: _____

Applicant's Daytime Phone Number(s): _____

Applicant's Permanent Address: _____

Applicant's Local Address (if different):

Permanent Business Address: _____

Employer's Name: _____ **Date:** _____

Employer's Social Security Number: _____

Employer's Daytime Phone Number(s): _____

Employer's Permanent Address: _____



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Name of Business: _____

Nature of Business: _____

Last Three Places of Such Business:

Description of merchandise sold:

Description of structure, vehicle, tent, or trailer from which business will be conducted:

Description of all vehicles used in business and License Plate Numbers:

Location of business: _____

Date(s) and hours of operation: _____

Date Applicant Wishes License Effective: _____

By signing I hereby acknowledge that I have read and understand Chapter 122 of the City of Perry Municipal Code AND Iowa Code chapter 9c

Signature: _____

Date: _____



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Permission to Locate:

I hereby certify that I am the owner or manager of the property identified below AND that the applicant is authorized to use the portion of property listed for business purposes on the proposed dates and times identified below:

From: _____(M/D/Y) To: _____(M/D/Y)

Address of property where business will be located: _____

Property Owner/Manager Name: _____

Address: _____

Daytime phone number(s): _____

Signature of Property Owner/Manager: _____

Police Department Approval:

Police Department Record Check: () Approved () Not Approved

Date: _____

Signature of Police Officer Completing Background Check: _____

Fire Chief Approval:

Fire Chief Approval: () Approved () Not Approved

Date: _____

Signature of Fire Chief: _____

Copy of State of Iowa Retail Sales Tax Permit: () Yes () No

Copy of required State Licenses and Inspections: () Yes () No

Application Fee: _____ Paid Date: _____

License Fee: _____ Paid Date: _____

License Issued: _____ Issued By: _____