



**SMALL TOWN VALUES**

1115 13TH AVENUE PO BOX 79  
SIDNEY NEBRASKA 69162

**BIG TIME OPPORTUNITIES**

PHONE (308) 254-5300 FAX (308) 254-3164  
www.cityofsidney.org

PERMIT NUMBER \_\_\_\_\_  
DATE OF APPLICATION \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_

**ITINERANT MERCHANT, PEDDLER/SOLICITOR APPLICATION AND PERMIT**

Hours of Operation to Private Residences – 8:00 a.m. to 8:00 p.m.

Applicant Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Contact Number \_\_\_\_\_  
Vehicle: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate \_\_\_\_\_  
Have you ever been convicted of a crime/misdemeanor? \_\_\_\_\_ If yes, explain the nature and penalty of the offense \_\_\_\_\_

Nature of Merchandise \_\_\_\_\_  
Method of Sales Door to Door Mobile Store Location of Mobile Store \_\_\_\_\_

Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Telephone \_\_\_\_\_ Federal I.D. No. \_\_\_\_\_ NE Sales Tax No. \_\_\_\_\_

The facts set forth above in my application for registration permit for itinerant merchant, peddler/solicitor are true and complete. I understand false statements shall be considered sufficient cause for denial and/or revocation. I acknowledge and agree to allow the City of Sidney Police to search my criminal history to determine my eligibility to obtain a permit. To the fullest extent permitted by laws and regulations, applicant shall indemnify and hold harmless the City of Sidney and its officers, employees and agents from and against all claims, suits, damages, costs, demands, losses and expenses, direct, indirect or consequential (including but not limited to fees and charges of attorneys and other professionals, court and arbitration costs) arising out of or resulting from the performance under this registration permit. The applicant is entirely and solely responsible for all acts while engaged in the operation of vending within the City of Sidney. Ordinance No. 715, of the City of Sidney, Nebraska.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

City Clerk/Representative \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*\*CITY OF SIDNEY USE ONLY\*\*\*\*\***

- \_\_\_\_\_ Verify applicant’s identity. Make a photocopy of driver’s license or state identification card
- \_\_\_\_\_ Verify Nebraska Sales Tax Permit
- \_\_\_\_\_ Verify Bond Bond Number \_\_\_\_\_
- \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_