

City of Peabody

Office of Inspectional Services

24 Lowell Street, Peabody MA 01960

Phone 978-538-5786 Fax 978-538-5987



Peddler's Application

(Under the provisions of Chapter 101, General Laws, and Amendments and additions thereto and The City of Peabody Ordinance Sections 26.1, 26.2, 26.3, 26.4 and 26.5)

This application must be filled out as directed, duly signed, and returned to this office with the full fee of \$25.00 (check or money order), before a license will be issued.

FULL NAME OF APPLICANT: _____

Date: _____

SIGNATURE: _____

TYPE OF GOODS SOLD: _____

NAME OF BUSINESS: _____

SSN# OR FED ID#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ PHONE NO: _____

EMAIL ADDRESS: _____

License Conditions

1. Applicant must attach; a copy of their valid State Peddler's License
2. Proposed hours of operations.
3. Applicant must attach; a detailed route, including time of stops (*operations or route shall not be on private property unless approved by the Building Commissioner*).
4. A copy of the vehicle registration.
5. If the vehicle uses propane, then the vehicle must be inspected by the Fire Department for compliance with the Department of Transportation & 527 CMR guidelines.
6. If a corporation, copy of Articles of Organization or a copy of Business Certificate for the City Clerk's Office.
7. Proof of Workman's Compensation (if you have employees).

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8. Complete Criminal Record(s) forms for the applicant, owner(s) of the business and manager(s) of the business.
9. Applicant cannot set up tables, chairs or any other equipment on any city street or sidewalk.
10. Suitable trash receptacles must be provided.
11. No peddling in Residential zoned areas.
12. No peddling in areas within 1000 feet of a restaurant or fast food establishment (unless approved by the Building Commissioner).
13. The City of Peabody reserves the right to add, change or modify any conditions herein as it deems necessary to provide peace, safety and comfort to its citizens.

Required Signatures

Board of Health Director: _____ Approval _____ Date _____

Chief of Police: _____ Approval _____ Date _____

Chief of Fire Prevention: _____ Approval _____ Date _____

Weights and Measures Agent: _____ Approval _____ Date _____

Approved License # _____