

**CITY OF CONNELLSVILLE
PENNSYLVANIA**

APPLICATION FOR LICENSE TO SOLICIT OR PEDDLE

DATE OF APPLICATION: _____

- 1) NAME OF APPLICANT: _____
- 2) DATE OF BIRTH: _____
- 3) HOME ADDRESS OF APPLICANT _____

- 4) NAME AND ADDRESS OF APPLICANT'S EMPLOYER: _____

- 5) NATURE OF WORK FOR WHICH APPLICATION IS SUBMITTED _____

6) TYPE OF GOODS OR MERCHANDISE TO BE SOLD _____

7) WILL APPLICANT BE ASSISTED BY ANY ASSISTANTS _____ YES _____ NO
NUMBER OF ASSISTANTS _____

NOTE: IF YES, A SIMILAR APPLICATION SHALL BE COMPLETED FOR EACH ASSISTANT.

8) WILL APPLICANT OR HIS ASSISTANTS MAKE USE OF ANY MOTOR VEHICLE IN THE
PERFORMANCE OF THE WORK COVERED BY THE APPLICATION _____ YES _____ NO
*IF YES, GIVE THE MAKE, TYPE, REGISTRATION NUMBER AND STATE WHERE VEHICLE IS
REGISTERED OF EACH VEHICLE TO BE USED AND COLOR:*

COPY OF REGISTRATION CARD AND PROOF OF INSURANCE REQUIRED.

- 9) SOCIAL SECURITY NO. _____
- 10) BUSINESS TELEPHONE NO. _____
- 11) APPLICANT'S TELEPHONE NO. _____
- 12) APPLICANT'S DRIVERS LICENSE AND STATE: _____ COPY TO BE MADE BY OFFICE STAFF
- 13) OWNER OF VEHICLE _____
- 14) HAS THE APPLICANT EVER BEEN CONVICTED OF A CRIME OR A SUMMARY MOTOR
VEHICLE OFFENSE _____ YES _____ No

15) IF YES, GIVE COMPLETE DETAILS AS TO WHEN, WHERE, NATURE OF OFFENSE AND SENTENCE _____

16) LIST MUNICIPALITIES, ADDRESS AND PHONE NUMBER WHERE YOU HAVE SOLD GOODS OR MERCHANDISE WITHIN THE LAST SIX MONTHS.

17) WORKING HOURS REQUESTED _____

I HEREBY MAKE APPLICATION FOR A LICENSE AS REQUIRED BY ORDINANCE NO. 1127 OF THE CITY OF CONNELLSVILLE AND DO HEREBY STATE THAT ALL INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND CORRECT. I DO FURTHER AGREE TO COMPLY WITH ALL PROVISIONS OF THE AFORESAID ORDINANCE—INCLUDING COMPLIANCE WITH DAYS AND HOURS FOR SOLICITATION, MONDAY THROUGH FRIDAY FROM 10:00 AM TO 4:00 PM (UNLESS OTHERWISE STATED AND REQUESTED). I FURTHER UNDERSTAND THAT SUBMISSION OF FALSE INFORMATION AND/OR FAILURE TO COMPLY WITH ORDINANCE PROVISIONS SHALL RESULT IN DENIAL OF APPLICATION OR REVOCATION OR PERMIT.

SIGNATURE OF APPLICANT

DATE APPLIED

POLICE CHIEF

APPROVED DATE

CITY CLERK: _____ DATE: _____

AMOUNT PAID \$ _____

DATE PAID: _____