

**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 \_\_\_\_\_

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6) LOCATION THE MERCHANDISE IS 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.

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\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE APPLIED

\_\_\_\_\_  
POLICE CHIEF

\_\_\_\_\_  
APPROVED DATE

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CITY CLERK: \_\_\_\_\_ DATE: \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_

DATE PAID: \_\_\_\_\_