

1012 Fifth Avenue
Coraopolis, PA 15108-1894



Telephone (412) 264-3002
Fax (412) 264-6951

PEDDLER'S LICENSE APPLICATION

Date: _____

\$ 20.00/PER DAY
\$ 50.00/PER WEEK
\$150.00/PER MONTH

Name: _____ Age _____ Date of Birth _____

Permanent Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No(____) _____ Social Security No.: _____

How Long at this address: _____

If less than a year, previous address _____

Previous criminal record, if any: _____

Finger printed, if any NO _____ YES _____ Where _____

Employer: Name _____
Address _____
City _____ State _____ Zip Code _____
Date of Employment _____

Type of Goods, Wares, or Merchandise you wish to peddle _____

Length of time you wish to be licensed _____

Type of vehicle used if any _____

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT
AND THAT IF I AM ISSUED A LICENSE I WILL COMPLY WITH ALL OF THE
PROVISIONS OF ordinance #1183 and #1728.

(SIGNATURE)

VETERANS INFORMATION

Disabled Veteran _____

(Certified from Prothonotary)

Certificate of Pension of Satisfactory proof you are receiving compensation from the Federal Government. If no pensioner or receiving compensation from the Federal Government, A certificate from two (2) reputable physicians stating that you are unable to procure you're living by manual labor.

Date Approved _____ Date License Issued _____

Fee Collected _____

(Chief of Police)

(Borough Manager)

**A COPY OF A PHOTO ID AND A NOTORIALIZED CRIMINAL BACKGROUND CHECK
FROM YOUR HOME STATE MUST ACCOMPANY APPLICATION**

**LICENSEES ARE PERMITTED TO OPERATE MONDAY THROUGH SATURDAYS BETWEEN 9:00 AM
AND 9:00 PM, LOCAL PREVAILING TIME**