

1301 4<sup>th</sup> Avenue  
Coraopolis, PA 15108



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 Issured \_\_\_\_\_

Fee Collected \_\_\_\_\_

\_\_\_\_\_  
(Chief of Police)

\_\_\_\_\_  
(Borough Manager)

**A COPY OF A PHOTO ID AND A NOTORIAZED 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**