



OFFICE OF  
THE MAYOR  
CHRISTINA M. MURYN

**APPLICATION FOR LICENSE  
PEDDLERS – SOLICITORS – ITINERANT MERCHANTS**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List All Home Addresses Over The Last Year: \_\_\_\_\_

Name and Address of Company Employed By: \_\_\_\_\_

How Long Employed By This Company: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Business: \_\_\_\_\_

List All Employment Over The Last Year: \_\_\_\_\_

Nature and Character of Goods or Services To Be Sold: \_\_\_\_\_

All Cities In Which You Conducted Business That Required A License: \_\_\_\_\_

All Cities In Which You Conducted Business That Did Not Require A License: \_\_\_\_\_

Description Of Applicant

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Color of Eyes: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Build: \_\_\_\_\_

Complexion: \_\_\_\_\_

Scars and/or Tattoos: \_\_\_\_\_

Photo #: \_\_\_\_\_

Processed By: \_\_\_\_\_

SSN: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_

FPC: \_\_\_\_\_

***Attach a copy of both sides of applicant's drivers license.***

Applicant's Signature: \_\_\_\_\_

Police Officer Signature: \_\_\_\_\_

\_\_\_\_\_ Check if this is a renewal and BCI prints were completed in the past year.