

LACKAWANNA CITY CLERK



Jeffrey P. DePasquale
City Clerk
Registrar of Vital Statistics

\$100.00 non refundable fee

Linda M. Smerka
Deputy Registrar

Peddlers Application

Name (Print): _____

Address: _____ How long: _____

Previous address: _____

DOB: _____ POB: _____ Work #: _____ Cell #: _____

Company: _____ Company photo ID card: Yes ___ No ___

Address: _____ Tax ID# _____

Position: _____ How long: _____ Military Service: Yes ___ No ___

Product selling: _____ Willing to submit to fingerprints: Yes ___ No ___

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Police record: Yes ___ No ___ if yes, explain:

Area of coverage: Whole City: Yes ___ No ___ if no, where specifically: _____

Peddling hours: Start _____ Stop _____ Special circumstances: Yes ___ No ___ if yes, explain on back:

Emergency contact: _____

Applicant Signature

Department of Public Safety stamp below this line

City Clerk's Office

Date