

# LACKAWANNA CITY CLERK

Grace Marrano  
City Clerk  
Registrar of Vital Statistics



## Peddlers Application \$100 non-refundable fee

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: \_\_\_\_\_

**Department of Public Safety stamp below this line**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
City Clerk's Office

\_\_\_\_\_  
Date