

**CITY OF JOHNSTOWN
PEDDLERS/SOLICITORS LICENSE
REGISTRATION FORM**

Event Name: _____
Event Dates: _____

Company Name _____ Fed. ID or Soc. Sec. # _____

Mailing Address _____ City _____ State _____ Zip _____

Branch Office (if different from above) _____

Business Phone _____ Home Phone _____

Fax Number _____ Cellular Phone _____

Do you rent this business location? _____ (If so provide Name & Address of rental or leasing agent or owner)

Type of Organization: Individual Proprietorship Partnership Association Fiduciary Corporation

Date Incorporated _____ State _____

Names of Owners, Partners or Officers	Address	Title

Nature of Business: Retail Service Other(Explain) _____

Accounting basis: Cash Accrual Other(explain) _____

Accounting period: Calendar Fiscal Yr. Ending _____

Name of Owner/ Sole Proprietor/Managing Partner:

Last Name _____ First Name _____ Middle Initial _____

Address _____ D.O.B. _____ D.L.# _____

Weight _____ Height _____ Eye Color _____ Hair Color _____ Sex: M F Soc. Sec # _____

Have you ever been convicted of a crime or misdemeanor? NO YES (If Yes, Explain:) _____

Certification: I hereby certify that under the penalties provided by law that all statements made hereon are, to the best of my knowledge and belief, true, correct and complete.

***Signature of Applicant** _____

Title _____ **Date** _____

**My signature does hereby authorize the Johnstown Police Department to conduct a Criminal History check.*

FEE - \$100.00 PER EVENT
MAKE CHECKS PAYABLE TO:
CITY OF JOHNSTOWN

Return to: City of Johnstown
Department of Finance
401 Main Street
Johnstown, PA 15901