



**Application for Hawking and Peddler's License  
City of Butler, Pennsylvania**

Name of Person, Firm or Corporation  
making the Solicitation: \_\_\_\_\_

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

Nature of Solicitation: \_\_\_\_\_  
\_\_\_\_\_

Period of Solicitation:  
From: \_\_\_\_\_ To: \_\_\_\_\_ (6) months

Individual Making Solicitation:  

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Applicant's printed name

\_\_\_\_\_  
Date of Application

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

**Fee due at Time Application is made:**

**\$35.00 - 6 (six) month license (application fee is non-refundable)**

**\*\*Copy of Drivers License must accompany application**

Please make checks payable to the City of Butler and mail to: **City Clerk's Office  
140 W. North Street  
Butler, PA 16001**

**Notes:**

1. Criminal history records check must be completed by City Police Department before license can be issued.
2. Applicants must complete attached form to give permission for this records check.

*Please fill out Hawking and Peddling Request for Criminal History Record Information*

**Hawking and Peddling Application  
City of Butler Bureau of Police  
Request for Criminal History Record Information**

<b>Part I</b>	<b>Personal Identification</b>
Last Name: _____ First: _____ Middle: _____	
Date of Birth: _____ Soc. Security No: _____ Sid (if known): _____	
Sex M or F: _____ Race: _____ Phone No.: _____	
Signature and Authorization for conduct of Record: _____	

<b>Part II</b>	<b>(Completed by Requester)</b>
Name: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Title: _____ Signature: _____	
Requester Identification: _____	
Reason for Request: _____	

<b>Part III</b>	<b>(Criminal Justice Agency Request Only)</b>
Information Requested: _____	

<b>Part IV</b>	<b>(Police Dept Use only)</b>
Record:	
Yes _____ No _____ Single _____ Records _____ GT _____ Date: _____	
Information:	
No Record _____ Rap Sheet _____ Rap Sheet Date _____ Fingerprints _____ Photo _____	
Other _____	

Certified by: _____ Title _____	
Date: _____	