

CITY OF BUTLER
SOLICITING AND PEDDLING PERMIT APPLICATION
Non-Food Permit Application (please write legibly)

Name of Applicant:

_____ *Last* _____ *First* _____ *Middle Initial*

Address of Applicant:

_____ *Number and Street Name* _____ *City* _____ *State* _____ *Zip Code*

Address of Business:

_____ *Number and Street Name* _____ *City* _____ *State* _____ *Zip Code*

Phone #: () - _____

_____ *height* _____ *weight* _____ *DOB* _____ *sex* _____ *race* _____ *Social Security No.*

Description of proposed Solicitation or Peddling activity:

Specific location for Solicitation and/or peddling activity. The same area cannot be solicited multiple times within an eight (8) week time frame.

Dates and times of Solicitation and/or Peddling activity. A solicitation or peddling activity may last NO longer than ninety (90) days. An additional permit shall be required for each additional period. NO solicitation or peddling shall be allowed on Saturday or Sunday and before 9:00 AM or after 7:00 PM Monday through Friday.

Year, Make, Model, Color, License Plate #'s of vehicle(s) used:

A Criminal Background Report (*dated within the past 30 days*) from the *Pennsylvania Access To Criminal History* <https://epatch.state.pa.us/Home.jsp> must be included with this application. The submission of this application to the City of Butler shall be considered consent by each organizer whose name is listed above for a "wants & warrants" check to be conducted by the Chief of Police on all persons named in this application if necessary. All information supplied to the City by the organization must be true and correct under penalty of law.

All persons involved in the solicitation and/or peddling must present themselves in person with a photo identification in the office of the City Clerk to verify those persons listed on this application. A time period of at least ten (10) business days prior to the start of your solicitation and/or peddling must be given in order that proper background checks can be made.

_____ *Signature of Organizer/Person listed above*

_____ *Date*

_____ *Contact Phone # or #'s*

