



## CITY OF PITTSFIELD

City Clerk, City Hall, 70 Allen Street, Room 103,  
Pittsfield, MA 01201, (413) 499-9361 Fax (413) 499-9463

### HAWKER AND PEDDLER REGISTRATION FORM

To The Licensing Authorities:

The undersigned hereby registers in accordance with the provisions of the Statutes relating thereto:

**Full Name of Firm Person, or Corporation Completing Application:**

Name: \_\_\_\_\_ d/b/a \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Each Peddler:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
State Hawker & Peddler License Number: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Each Peddler:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
State Hawker & Peddler License Number: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Each Peddler:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
State Hawker & Peddler License Number: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

STATE CLEARLY  
THE PURPOSE FOR  
WHICH THE  
REGISTRATION IS  
REQUESTED

\_\_\_\_\_  
\_\_\_\_\_

GIVE DATES  
AND HOURS

\_\_\_\_\_

*... in said City of Pittsfield in accordance with the rules and regulations made under authority of said Statutes.*

**Door to door solicitation can be conducted between the hours of 9:00am to 6:00pm ONLY and with a permit from the Pittsfield Police Department.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby swear under the pains and penalties of perjury that the information I have given is true to the best of my knowledge and belief.*