



# BOROUGH OF CLEARFIELD

6 SOUTH FRONT STREET  
CLEARFIELD, PA 16830

E-mail: [code@clearfieldpa.us](mailto:code@clearfieldpa.us)

PHONE (814) 765-7817

FAX (814) 765-2374

[www.clearfieldboro.com](http://www.clearfieldboro.com)



## AUTHORIZATION TO OBTAIN INFORMATION / WAIVER

I, \_\_\_\_\_, having made application for a Peddler's Permit with the Borough of Clearfield, understanding that the Borough desires to obtain information concerning my background, credit history and character.

I hereby authorize The Clearfield Regional Police Department to investigate all information concerning my background, credit rating and character which may be pertinent. I understand the information may be obtained from any person, document or other source within or outside the Commonwealth of Pennsylvania.

I hereby release all persons and Clearfield Borough from any liability which might otherwise result from the lease of said information to any member of the Clearfield Borough.

In consideration of this release, Clearfield Borough shall regard all information obtained as confidential. I understand that the same shall not be released to any individual, including myself, or any organization, absent good cause.

I agree that the Borough of Clearfield may admit this information into evidence in order to defend any administrative or court proceeding which is initiated on my behalf. I retain the right to challenge the accuracy of such information, in such proceedings, but waive all objections as the admissibility of the information.

I understand I am not compelled to sign this authorization.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Driver license# \_\_\_\_\_



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## Peddlers License/Permit Application

Permit Number \_\_\_\_\_

**In accordance with Clearfield Borough Ordinance NO. 1359, 871,  
Resolution No.22-2007 a license is required to peddle in the borough.**

Permit fees \$75.00 / First person, \$25.00 each additional person

Name of Applicant, \_\_\_\_\_

Name of Business, \_\_\_\_\_

Business Phone Number, \_\_\_\_\_

Home Address of Business owner, \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name of helper \_\_\_\_\_ \*Driver's License # \_\_\_\_\_

Name of helper \_\_\_\_\_ \*Driver's License # \_\_\_\_\_

Name of helper \_\_\_\_\_ \*Driver's License # \_\_\_\_\_

Describe items being sold \_\_\_\_\_

\_\_\_\_\_

Signature of Business owner \_\_\_\_\_ Date \_\_\_\_\_

**\* A PHOTOCOPY OF EACH PERSONS DRIVER'S LICENSE MUST BE ATTACHED TO  
THE APPLICATION**



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