

City of Pittsburgh
Department of Permits, Licenses, and Inspections
200 Ross Street, Room 320
Pittsburgh, PA 15219
(412) 255-2858

APPLICATION INSTRUCTIONS FOR A PEDDLER LICENSE

Apply between 8:00 a.m. and 3:00 p.m.

The following items are required to process your application

1. You need two (2) current passport size (2" x 2") photos
2. If you are vending as an employee of a company, we will need a letter from your employer.
3. Each person representing a company is required to obtain his/her own peddler license
4. Go to the City Finance Dept. (Room 207, City County Building, 2nd Floor, Telephone No. (412-255-2543) be sure your taxes or your employer's is current. If you do not have a Tax ID# you can obtain one there
5. If you are vending anything for human consumption you will need an Allegheny County Health Dept. License (Allegheny Health Dept., Clack Bldg. #1, 3901 Penn Ave., (412) 578-7921) before you will be issued your vendor's license (copy of your Health Dept. License is mandatory)
6. You must bring a CHECK OR MONEY ORDER ONLY. ALL OUT-OF-STATE VENDORS MUST PAY BY MONEY ORDER ONLY (made payable to Treasurer, City of Pittsburgh) to pay for your license. WE DO NOT ACCEPT CASH or CREDIT/DEBIT CARDS
7. License expires January 31, of the following year



**CITY OF PITTSBURGH
DEPARTMENT OF PERMITS, LICENSES, AND INSPECTIONS**

PEDDLER LICENSE APPLICATION

IMPORTANT NOTICE: This application is for mobile foot vendors that will not be vending at a stationary site or designated sports/entertainment facility and are not permitted to remain at any one location for more than 15 minutes. If you desire to vend at a fixed location or designated sports/entertainment facility, please use the STATIONARY VENDOR LICENSE APPLICATION.

New Application Renewal Application

APPLICANT INFORMATION (Please print this section)

Name: _____ Phone: _____
Cell Phone: _____ E-Mail Address _____
Address: _____ City _____ State _____ Zip _____
City of Pittsburgh Tax ID #: _____ Taxes Current? _____

NATURE OF BUSINESS

Business Name (if applicable): _____
Type of Goods Sold or Rented (Be specific): _____
Hours of Operation Requested: _____
Are you Vending Food? _____ If yes, Allegheny Co. Health Dept License #: _____

HOLD HARMLESS CLAUSE

I agree to indemnify and hold the City of Pittsburgh, its officers and employees harmless against all claims, or damage to property or injury to persons, including attorney's fees which may be occasioned by any activity carried on under this license. I certify that I have received a copy of and understand the City of Pittsburgh Vending Ordinance.

Signature: _____ Date: _____, 20_____.

This section for city use only

ISSUE OF LICENSE

License # _____ Date Issued: _____, 20_____ By: _____ Expires: January 31, 20_____

_____ Date: _____