APPLICATION FOR A PEDDLER’S LICENSE

The undersigned hereby applies for a Peddler’s License under the Penn Township (Perry County) Ordinance 82. In accordance with Section 7, no person licensed as a Solicitor or Peddler shall engage in soliciting or peddling any day of the week before 9:00 a.m. or after 6:00 p.m. Each person to be considered working in the Township shall have a separate application.

**APPLICANT INFORMATION**

|  |  |
| --- | --- |
| **Name** |  |
| **Local Address** |  |
| **Permanent Address** |  |
| **Phone Number** |  |
| **Social Security Number \*** |  |
| **Date of Birth** |  |

\***Failure to provide will result in a negative report for license.**

**Please check the intended use for the Peddler’s License**:

|  |  |
| --- | --- |
| Sell |  |
| Offer for Sale |  |
| Barter or Exchange |  |
| Go from Door to Door |  |
| Gift of any Goods |  |

Name of Business, Address, Phone Number:

State what goods, wares, merchandise or other articles of value or money are involved.

Explain in detail the method of operation to be used: ­

Dates of Activity:

|  |  |  |
| --- | --- | --- |
| **Date Begin** | **Date End** | **Twp. Notes** |
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Types of Vehicles with License Plates Number: **(You must list ALL vehicles)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Make** | **Color** | **License Number** |
|  |  |  |  |
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**INDIVIDUALS WORKING FOR APPLICANT -** Please list the following information for each individual. Use a separate sheet if necessary.

|  |  |
| --- | --- |
| **Name** |  |
| **Local Address** |  |
| **Permanent Address** |  |
| **Phone Number** |  |
| **Social Security Number \*** |  |
| **Date of Birth** |  |

|  |  |
| --- | --- |
| **Name** |  |
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| **Permanent Address** |  |
| **Phone Number** |  |
| **Social Security Number \*** |  |
| **Date of Birth** |  |

|  |  |
| --- | --- |
| **Name** |  |
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| **Permanent Address** |  |
| **Phone Number** |  |
| **Social Security Number \*** |  |
| **Date of Birth** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Local Address** |  |
| **Permanent Address** |  |
| **Phone Number** |  |
| **Social Security Number \*** |  |
| **Date of Birth** |  |

Has the applicant or employees ever been convicted of any crime? Yes\_\_\_\_ No \_\_\_\_\_­

If yes, state the name of the individual and explain the nature of the offense(s) and punishment(s) imposed

I hereby submit this application for a peddler’s license in Penn Township, Perry County and therefore acknowledge that all information presented is true and correct.

Signature of Applicant

Date

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Referred for Background Check on

Receive report on

Approved/Disapproved:

 Secretary/Date

Appealed to Board of Supervisors