



PENN TOWNSHIP BOARD OF SUPERVISORS
 100 Municipal Building Road
 Duncannon, PA 17020-1100
 Township Office 834-5281
 E-Mail: Office@penntwp.us

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.



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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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| | |
|---------------------------------|--|
| Name | |
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| Permanent Address | |
| Phone Number | |
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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 _____



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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 _____

Referred for Background Check on _____

Receive report on _____

Approved/Disapproved: _____
Secretary/Date

Appealed to Board of Supervisors _____