

SOUTH STRABANE TOWNSHIP
APPLICATION FOR PEDDLER'S/SOLICITOR'S LICENSE

NAME _____ DATE OF BIRTH _____

ADDRESS _____

SOCIAL SECURITY NO. _____ EMPLOYER OR PRINCIPAL _____

ADDRESS _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? _____

(IF YES, GIVE DETAILS) _____

ADDRESS WHILE IN THIS VICINITY _____ PHONE NO. _____

GOODS AND SERVICE TO BE PEDDLED _____

LENGTH OF TIME DESIRED _____ VEHICLES'S USED _____

OWNER _____

LICENSE NUMBER _____ NUMBER OF SALES PERSONS _____

(LICENSE FEE OF \$25.00 PER MONTH TO BE FILED WITH APPLICATION)
\$25.00 ADDITIONAL FOR EACH HELPER .

LIST THREE REFERENCES WITHIN LAST SIX MONTHS: _____

LOCATION WHERE PEDDLING/SOLICITING WILL TAKE PLACE _____

DATE _____ APPLICANT'S SIGNATURE _____

SOUTH STRABANE TOWNSHIP
PEDDLER'S LICENSE NO. _____

LICENSEE _____

TYPE OF MERCHANDISE VENDED _____

EXPIRATION DATE _____

VEHICLE'S USED _____ OWNER _____ LICENSE NO. _____

(THIS LICENSE MUST BE CARRIED AT ALL TIMES AND PRESENTED UPON REQUEST).
=====

DATE _____ POLICE CHIEF _____

PEDDLER.PMT _____ SECRETARY _____