

LICENSE NO.

**WEST PENN TOWNSHIP
APPLICATION
PEDDLERS AND SOLICITORS**

Applicant: _____ Age: _____ Date of Birth: _____
Home Address: _____ Name of Employer: _____
_____ Business Address: _____
_____ Phone Number: _____ Phone Number: _____
Social Security Number: _____ Business Federal I.D. No.: _____
Type of Merchandise to be sold/solicited (if any): _____

PA Sales Tax ID Number: _____
Vehicle to be used in business license number: _____ State of Registration: _____
Make: _____ Model: _____ Year: _____
Driver's License No.: _____ State of Issuance: _____
Previous criminal history, if any: _____

Immediately prior place of peddling/soliciting, if any: _____
Intended place of peddling/soliciting after Township, if any: _____
Permit Duration Request: _____

The Fee for the Peddlers and Solicitors license issued pursuant to this application is \$50.00. It is understood and agreed by this application and my signature below that a criminal history check may be conducted by West Penn Township and that any error, misstatement or misrepresentation of fact, either with or without intention on the part of the applicant (myself) shall constitute sufficient grounds for revocation of the Peddlers and Solicitors license issued pursuant to this application. It is also understood that the Peddlers and Solicitors license issued pursuant to this application is not transferable to other persons.

I verify that the answers provided herein are true and correct, and that this verification is made subject to the penalties for unsworn falsification to authorities pursuant to 18 Pa. C.S.A. Section 4904.

Signature: _____ Date: _____

FOR TOWNSHIP USE ONLY

Application is hereby: APPROVED DENIED INCOMPLETE

Fees Paid Date: _____ Total Fees Paid: _____ Check # _____

Permit Issued Date: _____ Permit Expiration Date: _____

Approved by: _____