

SPRING BROOK TOWNSHIP

966 State Route 307

Spring Brook Twp, PA 18444

Office: 570.842.7028

Fax: 570.842.0633

www.springbrooktownship.org

TOWNSHIP USE ONLY:

APPLICATION #: _____

DATE: _____

APPLICATION FOR PEDDLER'S/SOLICITOR'S LICENSE

(three pages)

APPLICANT INFORMATION

Full Name of Applicant: _____

Local Address: _____

Local Phone: _____

Permanent Address: _____

Permanent Phone: _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone: _____

Employer's letter of confirmation or self-employment statement provided? Yes No

Driver's License Number: _____ State: _____

Photocopy of driver's license provided? Yes No

Make & Model of Vehicle(s) to be used: _____

License Plate Number(s) of Vehicles to be used: _____

State issuing License Plate(s): _____

Has the applicant ever been convicted of a crime? Yes No If yes, how many times? _____

Nature of offense(s): _____

Punishment imposed: _____

NATURE OF LICENSE APPLICATION

Goods, wares, services or merchandise to be sold; or subscriptions/contributions to be solicited (describe in detail): _____

TERMS OF LICENSE

Number of License Terms Requested (maximum of 12 can be requested, each term is 30 days): _____

Period of Term(s): From _____ to _____

Total fee based on number of terms (\$25 for each term): \$_____

Check payable to Spring Brook Township provided? Yes No Check Number: _____

I hereby make application for a Peddler's/Solicitor's License in accordance with Spring Brook Township Ordinance # _____ and agree to comply with the conditions set forth.

Signature of Applicant: _____ Date: _____

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RECORD OF ACTION

Township verification of criminal record. Verified (date): _____

Three (3) references provided? Yes No

References verified (date): _____

Comments: _____

License approved (date): _____

License denied (reason): _____

AFFIX STAMP OF APPROVAL HERE (This license shall not be valid without stamp):

Signature of Enforcement Officer: _____

THIS LICENSE MUST BE SHOWN TO ANY LAW ENFORCEMENT OFFICER, TOWNSHIP OFFICIAL, OR TOWNSHIP RESIDENT UPON REQUEST.

THE HOLDER OF THIS PERMIT SHALL NOT ENTER UPON ANY PREMISES THAT CLEARLY DISPLAYS A "NO SOLICITATION" OR "NO TRESPASSING" SIGN.

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REFERENCES

Please provide at least three references. You may attach additional pages if necessary.

REFERENCE # 1

Name : _____

Address: _____

Phone Number(s): _____

REFERENCE # 2

Name : _____

Address: _____

Phone Number(s): _____

REFERENCE # 3

Name : _____

Address: _____

Phone Number(s): _____

TOWNSHIP USE ONLY

COMMENTS FROM REFERENCES: _____
