

**BOROUGH OF MOOSIC**

**715 Main St.**

**Moosic, PA 18507**

**570-457-5480**

**Email: moosic94@moosicborough.comcastbiz.net**

**PEDDLER/SOLICITOR PERMIT APPLICATION**

**PERMIT # DATE ISSUED DATE EXPIRES**

**NOTE: Applicants are highly encouraged to contact Zoning Officer at (570) 457-5480 for assistance. *The approved permit must be displayed at all times.***

1. **PLEASE SUBMIT THE FOLLOWING:**

|  |
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| **ONE (1) COPY OF BACKGROUND CHECK completed by local law enforcement agency (must be within current calendar year)**  **ONE (1) COLOR COPY OF RECENT GOVERNMENT ISSUED PHOTO IDENTIFICATION** |

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1. **APPLICANT INFORMATION: *This section must be completed.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Applicant: | (Last) | | (First) | | | (M.I.) |
| Home Address: | | | | | | |
| Telephone: ( ) | | | | SSN: - - | | |
| Date of Birth: | | Height: | | Weight: | Eye/Hair: | |
| Vehicle Make: | | Model: | | Year: | Color: | |
| License Number: | | State: | | Is this to be used for solicitation: | □ YES □ NO | |
| Email or Alternate Contact Information: | | | | | | |

**PLEASE ANSWER THE FOLLOWING:**

HAVE YOU APPLIED FOR A PERMIT IN MOOSIC BEFORE? IF YES, WHEN? ARE YOU OR YOUR FIRM LICENSED IN THE STATE OF PA? IF YES, IS LICENSE CURRENT?

YES

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□

NO

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□

1. **PEDDLER/SOLICITATOR INFORMATION: *This section must be completed.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Employer/Firm Soliciting for: | | | | | |
| Firm’s Telephone: ( ) | Length of Employment: | | |  | |
| Describe the Nature of Goods/Services to be Furnished, or the Purpose of Solicitation: | | | | | |
| Federal ID Number: | | | | | |
| Area/Location in which you plan to solicit: | | | | | |
| If on private property, do you have the owner’s permission? |  |  | □ YES | | □ NO |
| Owner’s Name: | Telephone: | ( | ) | |  |

1. **BACKGROUND INFORMATION: *This section must be completed. Attach additional sheets if necessary.***

* *Employment During Past Year:*

|  |
| --- |
| Name/Address: |
| Name/Address: |
| Name/Address: |

* *Residences During Past Year:*

|  |
| --- |
| Address: |
| Address: |
| Address: |

* *Record of any arrests other than traffic violations:*

|  |  |  |  |
| --- | --- | --- | --- |
| Charge: |  |  | City/State: |
| Charge: |  |  | City/State: |
| Charge: |  |  | City/State: |

1. **STATEMENT OF ACKNOWLEDGEMENT:**

|  |  |
| --- | --- |
| I hereby state that the information submitted within this application is true and correct. I, furthermore, testify that I will abide by all regulations that govern peddlers and solicitors within the City of Dublin. I also have been informed of and agree to all other conditions that are attached to the approval of my application. | |
| **Signature of Applicant:** | **Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR OFFICE USE ONLY:** | | | |
| Date Received: | Date Approved: | Amount Received: | Receipt No: |
| Approved By: | | | |
| Title: |  | Date: |  |