Permit # _____

Date Issued _____

Date Expired _____

PEDDLER PERMIT & APPLICATION

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

PLEASE SUBMIT THE FOLLOWING:
- 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

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 Borough before? If Yes, when? _____   □ YES   □ NO

Are you or your firm licensed in the state of PA? If Yes, is license current?   □ YES   □ NO

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: ( )	

Submit applications in-person, by mail, or fax to the Moosic Borough office.

P. (*570*) 457–5480 l F. (*570*) 457–0762 l 715 Main Street, Moosic, PA 18507 l MoosicBorough.org

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

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:	