

TOWNSHIP OF SMITH PEDDLER/MERCHANT PERMIT APPLICATION

NAME AND ADDRESS OF EMPLOYER: _____

_____ **Phone No.** _____

Individual (please fill in the following):

NAME: _____ **PHONE NO:** _____
Last First Middle

DATE OF BIRTH: _____

ADDRESS: _____

DRIVERS LICENSE NO: _____ State License Issued _____

VEHICLE TO BE USED, IF ANY:

Make _____ Model _____ Color _____

A COPY OF A PICTURE ID (STATE ISSUED) MUST BE ATTACHED

GENERAL DESCRIPTION OF GOODS TO BE SOLD: _____

License (if approved) to be issued for:

One Day

One Month

One week

One Year

Date & times you intend to solicit/peddle in the Township of Smith: _____

I/We hereby authorize the Smith Township Police Department to conduct a criminal background check under Pennsylvania's applicable Statute. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant: _____ **Date:** _____

APPROVED BY:

Chief of Police **Date:** _____

FEE - \$100.00 APPLICATION FEE & \$50.00 A PERSON PER DAY

***NO SOLICITING AFTER DARK, IF A COMPLAINT COMES IN OR SEEN AFTER
DARK SOLICITING PERMIT WILL BE REVOKED.**