



# STRASBURG BOROUGH POLICE DEPARTMENT

145 PRECISION AVENUE STRASBURG, PA 17579

DISPATCH: 717.664.1180 OFFICE: 717.687.7128

ESTABLISHED 1872

## APPLICATION FOR LICENSE TO ENGAGE IN DOOR-TO-DOOR SOLICITATION OR TRANSIENT PEDDLING

Please Print All Answers.

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Commodity/Service: \_\_\_\_\_

Has a prior license been issued? \_\_\_\_\_ No \_\_\_\_\_ Yes, if so date of license: \_\_\_\_\_

Has a prior license been refused or revoked? \_\_\_\_\_ No \_\_\_\_\_ Yes

Have you or any applicants listed ever been convicted of any crime, felony, misdemeanor or violation of any municipal ordinance other than traffic violations? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, describe nature of offense and punishment or penalty assessed, include dates.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the Name, Date of Birth and Home Address of all persons soliciting or peddling under your supervision:

Name	Date of Birth	Home Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*\*\* Application must include a photo copy of a current ID for each person listed. \*\*\*

Please list information for all vehicles that will be in use during solicitation/peddling:

Make	Model	Color	Reg. #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

### **Borough Use Only**

Fee Paid: \_\_\_\_\_ Application Complete: \_\_\_\_\_ License Valid: \_\_\_\_\_

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_