

TOWNSHIP OF ANNVILLE
APPLICATION FOR A PEDDLER'S/SOLICITOR'S PERMIT

APPLICANT'S INFORMATION:

Name of Applicant: _____ Age: _____ Sex: _____

Permanent Address: _____

Local Address (if applicable): _____

Business Address (if applicable): _____

Make and type of vehicle being used: _____

License plate number: _____ Vehicle registration number: _____

Nature of goods, services, or merchandise being offered for sale: _____

Have you ever been convicted of a felony, misdemeanor or a crime of any kind involving moral turpitude? If so, what were the circumstances and when did it occur?

APPLICANT'S EMPLOYER INFORMATION:

Name of Current Employer*: _____

Address of Employer*: _____

*If self-employed, please indicate that here: ☐

I affirm that the information above is correct.

Applicant's Signature

Date

Applicant's Phone #

FOR TOWNSHIP USE ONLY:

- ☐ Current/valid form of photo identification
- ☐ Signed waiver permitting the Township to conduct a background check on the applicant
- ☐ PA State Police background check that is not more than 10 days old
- ☐ For any applicant who has not lived within the Commonwealth of Pennsylvania within the past 12 months, a background check from all states in which the applicant has lived for the past 10 years
- ☐ Proof of vehicle insurance if a vehicle is being used

Application approved by

Signature of Township Personnel

Date approved