

Permit # _____
Fee Paid _____

**TOWNSHIP OF SHIPPENSBURG
APPLICATION FOR PEDDLERS' OR SOLICITORS' LICENSE**

PEDDLER OR SOLICATOR MUST SHOW IDENTIFICATION UPON REQUEST.

SOLICITOR FULL NAME: _____ SS# _____

HOME ADDRESS _____

HOME PHONE _____

AGE _____ RACE _____ SEX _____ HEIGHT _____

WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

LOCATION OF SOLICITATION _____

NAME OF ORGANIZATION OR EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____ SALES TAX ID NUMBER _____

LENGTH OF EMPLOYMENT _____

LENGTH AND TIME PERMIT IS REQUESTED _____

(Permits are good for 1 year from issue date)

DATE OF LAST PERMIT ISSUED (If any) _____

HAVE YOU EVER HAD A PERMIT REVOLKED? _____ If so, state reasons _____

NATURE OF SOLICITATION FOR CONTRIBUTIONS, GIFTS, OR ADVERTISING
(INCLUDE PURPOSE FOR WHICH IT IS TO BE USED). _____

TYPE OF VEHICLE USED _____

REGISTRATION NUMBER OF VEHICLE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ If so,
explain fully _____

NAME OF LAST THREE (3) COMMUNITIES YOU SOLICITED IN _____

HAVE YOU READ THE SOLICITING ORDINANCE AND ARE YOU FAMILIAR
WITH IT? _____

I DO HEREBY SWEAR AND AFFIRM THAT THE FACTS SET FORTH IN THE
FOREGOING APPLICATION ARE TRUE.

Signature

Fee is \$25.00 per year made payable to Shippensburg Township

*Must also include a copy of agreement between you and landowner where you are
setting up.*

Return to:

Shippensburg Township
P.O. Box 219
Shippensburg, PA 17257