

Borough of Dublin

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Dublin, PA 18917
(215)249-3310 Fax (215)249-9875

Official Use Only

Date Rec: _____
Date Paid: _____
Check # _____
Reviewed By: _____
Issue Date: _____
Expiration Date _____

Application for License to Peddle or Solicit

Date of Application: _____ PERMIT # _____

Applicants Name: _____

Address: _____

Phone: _____ Social Security #: _____

Drivers License #: _____ State: _____ Expires: _____

Vehicle Information

Year	Make	Model	License Plate	State Vehicle is Registered

Business Name: _____

Address: _____

Phone Number: _____

Nature of Business: _____

Items to be Sold or Offered: _____

Has the applicant ever been arrested ? (please circle)	Yes	No
If "Yes", what charges were filed:	_____	
Date: _____	State: _____	Disposition: _____

Length of time requesting to Solicit/Peddle

Month	Week	Day
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I hereby certify that the above information is true and correct. I understand that the issuance of this permit is based on this application. If any of the above information has been falsified or proven incorrect, I understand that this permit will be revoked and that I shall not be entitled to any refund of fee. I further understand that a criminal background investigation will be conducted and hereby consent to said investigation.

Applicants Signature _____

Date _____

Date Permit Issued _____

Date Permit Expires _____

Fee: \$ _____

Issued By: _____