PEDDLER LICENSE

THIS LICENSE MUST BE DISPLAYED ON REQUEST

DATE_____
LICENSE NO._____

BOROUGH OF FOLCROFT
799 Ashland Ave
FOLCROFT, PA 19032

CLASSIFICATION: _____ Foot Peddler _____ Peddling From Vehicle

Peddler license issued pursuant to Borough of Folcroft Code of Ordinances – Ch. 13

BUSINESS INFORMATION

Firm Name: Address: Phone:

Type of Business:
_____ Individual Partnership _____ Partnership _____ Corporation

Nature of Goods or Services being sold:
_____

APPLICANT INFORMATION

Name: Address: Phone:

Birth Date: Age: Gender: If Previously Licensed License No: Year

Vehicle Make: Vehicle Color: Vehicle Year: Plate No:

List any felony convictions within past 7 years:
_____
Check if none: _____

I am familiar with all Ordinances controlling peddling and sale of goods and services within the Borough, and agree to strictly abide by their terms and conditions. I have received a copy of Ordinance 2017-02 and hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to such penalties as may be described by law or ordinance, including revocation of this license.

I authorize you to obtain any information that you may require concerning statements in this application, which shall remain the property of the Borough of Folcroft.

APPLICANT SIGNATURE: _____ DATE: _____

BOROUGH USE ONLY:

Type of Permit: _____ Daily
_____ Monthly
_____ Annual

Permit: _____ Approved _____ Denied

Expiration Date: _____
Fee Received: _____

By: _____
Borough Manager

Distribution Original – Salesperson Copy – Borough File Copy – Finance Office Copy – Police Department
2/22/17