

**BOROUGH OF STRASBURG
POLICE DEPARTMENT
Strasburg, Pennsylvania 17579**

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

PRINT ALL ANSWERS, EXCEPT SIGNATURE.

DATE: _____ TIME: _____

NAME: _____ TELEPHONE: _____

LOCAL ADDRESS: _____

HOME ADDRESS: _____

Age: _____ Height: _____ Weight: _____ Sex: _____ Color of Hair: _____ Color of Eyes: _____

Description of Vehicle (Brand, Body style & color) State and Registration Number

COMPANY: _____ TELEPHONE: _____

ADDRESS: _____

NAME OF SUPERVISOR: _____

ADDRESS: _____

COMMODITY OR SERVICE: _____

Has prior license been issued? NO _____ YES _____ DATE: _____

Has prior license been refused or revoked? NO _____ YES _____

Have you ever been convicted of any crime, felony, misdemeanor or violation of any Municipal Ordinance other than traffic violation?

NO _____ YES _____

If YES, describe nature of offense, and punishment or penalty assessed, including dates.

Dates for which this license is to be issued:

FROM: _____ TO: _____

Names, local address, and permanent address of all persons soliciting or peddling under your supervision:

NAME	LOCAL ADDRESS	PERMANENT ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature

FEE: _____

APPROVED BY:

NAME

TITLE

DATE