

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

APPLICATION FOR LICENSE TO ENGAGE IN GUIDED WALKING TOUR
(Attach additional sheets as necessary to ensure completeness of information)

Date: _____ Time: _____

Name: _____

Address: _____

Business Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Cellular Phone: _____ Pager: _____

Description of tour, including statement as to the purpose of the tour:

Description of the route of the tour, including the beginning and ending points and specific destinations:

Duration of the tour: _____

Number of guides per tour, and the role of the guide(s) (e.g. to lead and trail the group, to provide light, to provide participants with information):

Price to be charged to participants of the tour: _____

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List of Guides including Name and Date of Birth (Address and phone numbers are optional)

Name	Date of Birth	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has prior license been issued? _____

Dates for which this license is to be issued (Not to exceed 1 year):

From: _____ To: _____

This permit application may be rejected if incomplete or if it contains a material falsehood or misrepresentation.

Signature of Applicant

Fee: _____ Paid _____
Initials

APPROVED BY:

F.S. Echternach
Chief of Police

Date