



APPLICATION FOR PEDDLING LICENSE

Applicant Information

NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: _____

PHONE: _____ CELL PHONE: _____

HEIGHT: WEIGHT: SEX: _____ EYE COLOR: _____ HAIR COLOR: _____

SCARS, MARKS, TATOOS: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE? yes no

IF YES, LIST DETAILS: _____

USE BACK OF SHEET IF NECESSARY

Employer Information

NAME: _____

ADDRESS: _____

PHONE: _____

Applicant Vehicle Information

COLOR: _____ YEAR: _____ MAKE: _____ MODEL: _____

REGISTRATION (PLATE) NUMBER: _____ STATE: _____

NATURE OF ACTIVITY, TYPE OF GOODS TO BE SOLD, AND AREA TO BE WORKED (Be specific) _____

STARTING DATE: _____ ENDING DATE: _____

I hereby make application for license under the Springfield Township Peddling Ordinance, and I do hereby swear or affirm the foregoing facts to be true and correct.

SIGNATURE OF APPLICANT

DATE

PROCESSED BY: _____ DATE: _____

IDENTIFICATION METHOD _____

N.C.I.C. CHECK: _____ N.C.I.C. RESULTS _____

CRIMINAL HISTORY (FBI DATE) _____ FBI NUMBER OR NEG: _____

(PSP DATE) _____ PSP NUMBER OR NEG: _____

STPD USE ONLY