South Strabane Township Solicitation Permit Application

Name:	Phone #:	Email:	
Address:			
Social Security #:	Driver's License #:	Date of Birth:	
Name and address of Employe	er or Principal:		
Have you ever been convicted	of any crime? (If yes, please provide	e detail)	
background check. The crimin History (PATCH) system. If th	al background check shall be condu	or state-issued identification card and a criminal cted through the Pennsylvania Access to Criminal sylvania, the applicant will provide a current (no which the applicant resides.	
	re peddling/soliciting will occur with	-	
Goods and services to be solid	rited:		
Length of solicitation:		icles used:	
Owner of vehicles (if applicat	ble):		
License Plate No. (if applicab	le):		
Please provide three reference	s below:		
1			
2			
3			
	d). For each helper/associate, an ac	application. Non-Profit groups will be charged Iditional solicitor's license is required. This	
Date:	_ Applicant's Signature:		
Peddler's License No	Date Approved:	Expiration Date:	
Police Chief:	Tow	Township Manager:	

Incomplete applications will be rejected. This license must be available and presented upon request. All solicitation operations must cease at dusk.