

Elizabeth Township

522 Rock Run Road Elizabeth, PA 15037 PHONE 412-751-2880 FAX 412-751-6002 www.elizabethtwppa.com

APPLICATION FOR PEDDLING/SOLICITATION

			Applicant informat	ion		
Applicant Name:						
Applicant Phone:						
Applicant Address:						
	DOB: _	Sex:	Race: H	Height: Wei	ght:	
License Number:			State:	Expires: _		
			Business Informat	ion		
	Busines	ss Name:				
	Busines	ss Phone:				
	Busines	ss Address:				
	Type of	Business/Goods: _				
			Vehicle Information	on		
Year:		Make:		Model:		
Color:		Lic	ense Plate:	State:		
			Permit Requeste	d		
	Days	Weeks	Months	Food Vendor	Food Vendor	
\$30.00/day		\$175.00/week	\$300.00/month	6 Months \$150.00	1 Year \$300.00	
A Criminal Recor	d Check (•	ast 30 days) from the s application. https://	-	s to Criminal History mus e	st be
	Α	valid photo ID mus	st also be presented a	it the time of applica	ition.	
	No.solicit	ation.or.sales.may	.occur.until.a.valid.pe	rmit.and.township.IE).are.issued;	
Elizabeth Town	ship. Doo	or-to-Door busines		etween the hours of 9	es regulating this permit ir 9:00 am – 7:00 pm Monda d legal holidays	

Date: _____

Applicant Signature: