



BOROUGH OF ROARING SPRING

616 Spang Street, ROARING SPRING, PA 16673

(814) 224-4814

FAX: (814) 224-4610

APPLICATION FOR PEDDLERS LICENSE

DATE: _____ No. _____

COMPANY _____

ADDRESS _____

TELEPHONE NO. _____

PRODUCT / ITEM SELLING _____

APPLICANT NAME _____

ADDRESS _____

TELEPHONE NO. _____

MAKE AND TYPE OF VEHICLE _____

DRIVERS LICENSE NO. _____ EXPIRE _____

PRIOR CRIMINAL RECORD, IF ANY _____

IF SO, EXPLAIN _____

ASSISTANTS &/OR HELPERS _____

NUMBER OF PERMITS ISSUED _____

DATE (S) TO BE PERMITTED _____

PERMITTED HOURS: MONDAY – SATURDAY 9:00am to 5:00pm

**NO SOLICITING ON SUNDAYS OR HOLIDAYS OR PERMIT

WILL BE REVOKED INDEFINITELY!

AMOUNT PAID WITH THE APPLICATION _____ cash ck # _____

I certify that the foregoing information is true and correct to the best of my knowledge.

Signature of Applicant _____

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**ROARING SPRING BOROUGH PEDDLERS PERMIT**  
 PERMITTED HOURS: MONDAY – SATURDAY 9:00am to 5:00pm

No: \_\_\_\_\_ Date \_\_\_\_\_

COMPANY \_\_\_\_\_ ISSUED TO \_\_\_\_\_

PRODUCT \_\_\_\_\_ VALID DATES \_\_\_\_\_ TO \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_  cash  ck # \_\_\_\_\_

BOROUGH OFFICIAL \_\_\_\_\_