

MOUNT CARMEL TOWNSHIP

PEDDLING &/OR SOLICITING APPLICATION

NAME _____

ADDRESS _____

CITY, STATE & ZIP CODE _____

PHONE # () _____ CELL PHONE # _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

NAME OF BUSINESS _____

Address at which notices under this ordinance are to be sent:

The name and address of his/her employer or principal, if any.

The nature of the business or activity in which the applicant wishes to engage.

A statement as to whether the applicant has been convicted in any jurisdiction of any crime other than minor traffic violations, and, if so, explanation thereof:

FEE: \$5.00/1 day \$15.00/ one month \$80.00/ six months \$150/one year

Period Requested: _____ Fee Enclosed _____

Application must be accompanied by proof of identification (i.e. driver's license)

Signature _____ Date _____