Borough of West Pittston

555 Exeter Avenue, West Pittston, Pa 18643 Ph: 570.655.7782 Fax: 570.602.8046

PEDDLING & SOLICITING APPLICATION

Name of Applicant	Organization/Bus	siness Name _		
Status of Organization (please check of	one) LLC Partnership	Corporation	Sole Proprietorship	Non-Profit Group
Organization Address				
Telephone Numbers (home)	(work) _			
Dates of Solicitation				
Means of Solicitation (please check or	ne) door to door telepho	one public pla	aces fixed location	
Type of Goods/Services				
Please list the names, addresses, dates license. Provide a valid photo ID and a vouch for the applicant's good charact application are authorized to conduct seems.	the names, addresses and te ter. Use a separate sheet of	elephone numb paper if necess	ers of two (2) reputab	ole citizens who will
 Identify the relationship between employee independent Has the applicant or any of the 	ent contractor member	volunteer		
convicted of any fraudulent or				i, illuicieu 101, oi
Describe any motor vehicles to be use separate sheet of paper if necessary.	ed in the operation of the so	licitation, inclu	iding the license plate	e number. Use a
Date of application	Signature of Applicant			-
Date Received:			0	OFFICE USE ONLY
Application approved? Yes No				
Background check(s) completed on				
Expiration date	Transient Retail Business/	Fixed Transic	ent Retail Business/N	lon-Fixed Solicitor