

Borough of Bowmanstown 490 Ore St, PO Box 127 Bowmanstown, PA 18030

Phone: 610-852-2455 Fax: 610-852-2444

PEDDLER/SOLICITATION PERMIT APPLICATION

PERMIT # _____

DATE ISSUED _____

http://bowmanstownborough.tripod.com			DATE EXPIRES		
FOR OFFICE USE ONLY:					
Date Received:	Date Approved:		Amount Received:	Receipt No.	
Approved By:					
Fitle:			Date:		
APPLICATION INFORMATION: This so	ection must be complete	d.			
Name Of Applicant:					
Home Address:					
Telephone #:			Cell #:		
Nature of Business or Activity:			Length of Time in Borough:		
PLEASE ANSWER THE FOLLOWING:					
HAVE YOU APPLIED FOR A PERMIT IN BOV	WMANSTOWN BEFORE?	IF YES	S, WHEN?		
WERE YOU EVER CONVICTED OF ANY CRII	ME OTHER THAN OF MINOR	TRAFFIC VIOLA	ATION? IF SO, WHA	AT	
STATEMENT OF ACKNOWLEDGEMEN	ІТ:				
,			hereby state th	at the information submitted	
within this application is true and correct. I, fu	irthermore, testify that I will ab	ide by all regulat	ions that govern peddlers and s	solicitors within the	
Borough of Bowmanstown. I also have been i	nformed of and agree to all oth	ner conditions tha	at are attached to the approval	of my application.	
Signature of Applicant:				Date:	