APPLICATION FOR PEDDLING/SOLICITING LICENSE
Fairview Township, York County, Pennsylvania
(15 day waiting period)

Permit No. __

Date of Application _____ Please check if this is a renewal_____

Effective ____

Have You Applied for License Previously? Circle: YES or NO

Expires _

Name: _____
      First   Middle   Last   Social Security #   Date of Birth (M/D/YY)

Permanent Address:_____Tel. # _____
        Street   City   State   Zip

Local Address (if different):_____Tel. # _____
        Street   City   State   Zip

Name of Company/Organization _____

      Address: _____
         Street   City   State   Zip

Name of Supervisor_____Tel. # _____
       First   Middle   Last

Specific type of goods, wares, services or merchandise offered for sale _____

_____

Brief synopsis of "sales pitch" _____

_____

_____

Description of Vehicle to be used _____ _____ _____
                  Make   Model   Year

_____ _____ _____
     Color   License Plate #   Owner

Have you ever been convicted of a crime? Circle: YES or NO

If Yes, explain crime, when and where _____

_____

Length of License requested: one month ($50/person)_____ or No. of months ($50/per month/ per person) _____

* Applicant Statement: I am making this application with the full understanding of Fairview Township's Ordinance and the knowledge that false or misleading statements by me shall be cause for denial of License. The Township Ordinance requires a **15 day waiting period** and the applicant agrees to permit Fairview Township to undertake a complete investigation of me to determine the accuracy of the information presented in the application.

Applicant Signature_____Date _____

**Attach copy of Valid Photo Driver's License

Date Application Received_____By _____

Application Referred for Investigation to_____Date _____

Any previous experience with this company or applicant: _____

_____

_____

Results of investigation of the current applicant: _____

_____

_____

Township Official's Recommendation: Approval_____Disapproval _____Date_____

        Official's Signature _____

Township Manager's Final Action: Approval_____Disapproval _____Date_____

        Township Manager's Signature _____

PAYMENT

Amount Due _____

Amount Received _____

Paid by: Cash_____Check No. _____

Received by _____

Date _____