

BOROUGH OF EDINBORO

BUILDING AND ZONING CODE DEPARTMENT

124 Meadville Street / Edinboro, PA 16412

(814) 734-1812 ext. 130 / 139 / Fax (814) 734-4492 / jrhen@edinboro.net / mjones@edinboro.net

APPLICATION to SOLICIT OR PEDDLE

Date of Application	:		Permit #:				
Applicant (le	egal name):						
Local Address:		Phone:					
Permanent Address:		Date of Birth:					
Self Employed:	Yes	No					
Employer:							
Address:			Phone:				
Anticipated Start & E	The d D at a s						
What goods, wares or							
	Hav	ve you ever been con		Yes	No		
State nature of crin	ne:						
Where will your boot	h be set up?						
Traffic / Parking plan	s established?						
Your Vehicle Inform	nation: Make	e / Model:					
License:		Color:			State:		
This form should be c Additional, proof of li be submitted with thi <i>(Static location requir</i>)	ability insurance and is form.	license shall accomp	bany this application	n. A copy of	the individuals curren	nt driver's lice	ense shall
I, the Applicant, ackno	-						,
I, the Applicant, do af 451 governing Solicit						sions of ordin	nance no.
Applicant					Date		
a. Application must b b. Identification badg c. Photograph or add d. Proof of Insurance -	e must be displayed a itional information ca	t all times. In be attached.	- Health Departme	nt License at	tached.		
Building & Zoning Department only		Permit #	Permit # Invoice:				
Finger	printing required?		Yes	No			
Pe: Per	er Day r Week ⁻ Month er Year	\$25.00 \$50.00 \$100.00 \$200.00	Payment:	Cash	/ Check #	/ (Charge
10		-=		100			
Borough Administrator	Date	Note	25				
Cashiered on	Ву						