

**APPLICATION FOR PEDDLING & SOLICITING
ROUTE 30, STRABAN TOWNSHIP, ADAMS COUNTY**

Fee Received: _____ Application No: _____

By: _____ Date Received: _____

Total Number of Vendors: _____

1. Applicants Name & Address: _____

Phone: _____

2. Owners Name & Address: _____

Phone: _____

3. Vendors Name & Address: _____

Phone: _____

4. Location of Property: _____

5. What type of goods and/or services are being offered: _____

6. How often will the goods and/or service be offered: _____

7. Size of vendor's on-site enterprise: _____

8. To the Applicants knowledge are there any other vendor permits issued for this property?: _____

9. A site plan showing the location of the proposed vendor(s) site will need to accompany this application.

10. I verify that the foregoing statements are true to the best of my information and believe I understand that false statements herein are subject to the penalties of 18 PA C.S.A. §4904 relating to unsworn falsification to authorities.

Signature of Applicant

Date