



DUBLIN BOROUGH
119 Maple Avenue Dublin, PA 18917
Office: (215) 249-3310

APPLICATION – PERMIT FOR SOLICITATION

** ALL information requested below is required. Applications can be applied for in person during normal business hours or via U.S. Mail. Applications will be processed within five (5) business days. Applications WILL NOT be processed until payment is received. Checks are made payable to "DUBLIN BOROUGH."*

FEES (per applicant): Base Fee \$50.00 PLUS \$10.00/day; \$20.00/week; \$50.00/month

DATE OF APPLICATION: _____

NAME OF APPLICANT (first, middle, last): _____

ADDRESS: _____

HOME PH MBER: _____ CELHP ONE N MBER: _____

DATE OF BIRTH (mm/dd/yy): _____ SOCIAL SECURITY NUMBER: _____

PLACE OF BIRTH (city/state): _____

GENDER: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

HAS THE APPLICANT EVER BEEN ARRESTED? YES NO

IF YES, EXPLAIN: _____

VEHICLE TO BE USED DURING SOLICITATION:

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

REGISTRATION #: _____ STATE: _____

DRIVERS LICENSE #: _____ DL STATE: _____ DL EXPIRATION: _____

NAME OF ORGANIZATION REPRESENTED: _____

ADDRESS: _____

PHONE NUMBER: _____

NATURE OF BUSINESS OR ACTIVITY: _____

ITEMS TO BE SOLD OR OFFERED: _____

LENGTH OF TIME REQUESTING TO SOLICIT/PEDDLE: _____

I hereby certify that the above information is true and correct. I understand that the issuance of this permit is based on this application. If any of the above information has been falsified or proven incorrect, I understand that this permit will be revoked and that I shall not be entitled to any refund of fee. I further understand that a criminal background investigation will be conducted and hereby consent to said investigation.

Applicants Signature _____

Date _____

Date Permit Issued _____

Date Permit Expires _____

\$ _____
Permit Fee

Issue By: _____