



BOROUGH OF CONSHOHOCKEN  
400 Fayette Street, Suite 200 • Conshohocken, PA 19428  
Phone: 610-828-1092 Fax: 610-828-0920

## PEDDLING & SOLICITING LICENSE APPLICATION

Fee: \$100.00 per month due at time of application.

Required: Two (2) recent 2" x 3" (minimum) color photographs of the applicant must be provided.

A Certificate of Automobile Liability Coverage must be attached.

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### PERSONAL INFORMATION

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business ID#: \_\_\_\_\_ Sales Tax ID #: \_\_\_\_\_

Montgomery County Vendor License #: \_\_\_\_\_

Items/Food to Be Sold: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Circle the day(s) of week and list the times license will be utilized if granted:**

**Monday** \_\_\_\_\_ **Friday** \_\_\_\_\_

**Tuesday** \_\_\_\_\_ **Saturday** \_\_\_\_\_

**Wednesday** \_\_\_\_\_ **Sunday** \_\_\_\_\_

**Thursday** \_\_\_\_\_

**VEHICLE INFORMATION**

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Have you ever been convicted of a crime of any kind?** \_\_\_\_\_ **No** \_\_\_\_\_ **Yes**

**If yes, please explain below:** \_\_\_\_\_

Applicant confirms that he/she has not committed crimes of any classification and understands that a criminal record check will be performed. Applicant agrees that they have received a copy of Ordinance No. 5 of 2007 and Resolution No. 6 of 2007 and that they agree to comply with the terms and conditions of the Ordinance. Applicant also agrees that they will comply with all of other Ordinances of the Borough of Conshohocken including Ordinance No. 4 of 2005 concerning parking prohibitions.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

**Date of Background Check:** \_\_\_\_\_ **Performed By:** \_\_\_\_\_

\_\_\_\_\_ **Applicant has no prior criminal record.**

\_\_\_\_\_ **Applicant does have a criminal record.**

**Permit Number Issued:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_