

BOROUGH OF CONSHOHOCKEN PEDDLING & SOLICITING LICENSE APPLICATION

APPLICATION REQUIREMENTS - Ordinance No. 5-2022

- A written application completed in its entirety with all required documents attached upon submission. Any
 omissions will result in a denial. Each staff member must also fill out and sign an individual application
- Two photographs, (2" x 3" minimum) taken within six (6) months prior to date of application
- A Certificate of Automobile Liability Coverage
- A Criminal History Check by Pennsylvania State Police within the past 30 days. For more details visit: http://.psp.state.pa.us or https://.epatch.state.pa.us/Home.jsp
- \$100 fee (check or cash only) for a Soliciting Permit
- Soliciting Permits are valid for 30 days from the date of issue.
- Hours for Peddling and Soliciting are Monday Friday: 9:00am to dusk and Saturday: 9:00am to 3:00pm
- License may not be transferred from one person to another. One licensee will be permitted per person.
- PLEASE NOTE: This License is limited to the BOROUGH OF CONSHOHOCKEN ONLY. Plymouth Township,
 Whitemarsh Township, and West Conshohocken Borough are not included.

Name:		Sex:	M	F
Date of Birth:	Social Security #:			
Home Address:				
	Cell Phone:			
	Business Phone:			
Business Name:				
Business Address:				
	Sales Tax ID #:			
Montgomery County Vendor L	icense #:			

Items / Food to Be Sold:		
Vehicle Information:		
If using a vehicle, please list the following:		
Make:	Model:	
License Plate #:		
Have you ever been convicted of a crime of any l	kind?NoYes	
If yes, please explain below:		
Applicant confirms that he/she has not committeed criminal record check will be performed. Applicant 5-2022 and that they agree to comply with the territhat they will comply with all of other Ordinances 6-2006 concerning parking prohibitions.	nt agrees that they have received a copy of C ns and conditions of the Ordinance. Applica	Ordinance nt also agrees
Applicant Signature:Date:		
Each staff member must also fill out and sign an	individual application	
FOR OFF	FICE USE ONLY:	
Certificate of Automobile Liability Coverage:	Photo I.D. copy attached:	
Date of Background Check:	Reviewed By:	
Background Check attached:	Fee paid:	
Permit # Issued:	Effective Date:	
Expiration Date:	<u> </u>	
Borough Manager or his/her Designee Signature:		Povised 4/05/2022
	2	Revised 4/06/2022