

HEMPFIELD TOWNSHIP**APPLICATION FOR PEDDLER'S LICENSE**

Last Name:		First Name:		Middle Initial:
Street Address:		City:		State/Zip:
Phone:	Email:		Date of Birth:	
Previous Criminal Record, if any:				
Name of Person/Company for Whom You Work:				
Company Street Address:		City:		State/Zip:
Immediate Supervisor's Last Name:			First Name:	
Supervisor's Work Phone:	Supervisor's Cell Phone:		Supervisor's E-mail:	
Type of Goods, Wares, or Merchandise You Wish to Sell:				
Length of Time You Wish to Be Licensed:				
Type of Vehicle to be Used:				
Vehicle Registration Information				Vehicle Color:
State:	License Plate #:			
I hereby affirm that the above information is true and correct and the license shall be complied with in accordance with all applicable Township regulations.				
Signature of Applicant:			Application Date:	
Code Officer Signature:		Date:		
Permit #:	Issue Date:		Expiration Date:	

***Please note that a copy of a valid photo ID is required with this application.**

***Hempfield Township will NOT accept any incomplete applications.**