

Dover Borough

46 Butter Road, Dover, PA 17315-1225
(717)292-6530 * Fax (717)292-7010

APPLICATION FOR SOLICITOR AND/OR PEDDLAR LICENSE

Fee: \$25.00 Resident/Non-Resident

Name _____ Address _____

Telephone # _____ Description: _____

Date of Birth _____ Height _____ Weight _____ Hair _____ Eyes _____

Purpose of Application (What are you selling?) _____

Employer's Name _____ Telephone _____

Address _____

Make _____ License # _____ Color _____ Year _____

I, the undersigned, hereby swear and affirm that the information contained on the application is true and correct under penalty of Law 4906 of the Pennsylvania Crime Code.

Signature _____ Date _____

OFFICE USE ONLY: License No. _____ Granted by: _____

FEE: Paid \$ _____ Cash _____ Check # _____ Credit Card _____ Other _____

THIS PERMIT IS VALID FOR 30 DAYS ONLY!

COPY OF VALID DRIVER'S LICENSE OR ID