MOUNT POCONO BOROUGH APPLICATION TO SOLICIT OR PEDDLE

Name:	Address:	
Phone #:	City, State, ZIP:	
	DV2.11	
Property Tax ID #:	PIN #	
Owner's Name:		
Owner's Address:		
Name of Individual(s) Pedo	ing or Soliciting: :	
Employer's Address:		
Employer's Phone #:		
	e applicant to provide photographs of the individuals that will be soliciting or peddli	
Goods, Wares, Merchandis	, or Services to be Peddled:	
Make, Year, Model, and Pl	te # of Vehicle(s) to be Used:	
Date:	Applicant's Signature:	

THIS APPLICATION SWEARS (AFFIRMS) THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT. FALSIFIED APPLICATIONS SHALL LEAD TO REVOCATION OF LICENSE.

1361 POCONO BOULEVARD SUITE 100 MOUNT POCONO, PA 18344

PHONE: (570) 839-8436 (570) 839-0981 (FAX)