



LANCASTER BUREAU OF POLICE

39 W. Chestnut St. Lancaster, PA 17603



APPLICATION FOR VENDORS & PEDDLERS PERMIT

Personal Information

Name of Licensee:

Date:

Home Address:

Date of Birth:

Social Security Number:

Phone Number: Home:

Cell:

Email Address:

Licensee Vehicle/Driver's License Information

Vehicle Description: Color-

Year-

Make-

Model-

License Plate-

State-

Driver's License Number:

Business Information

Furnish business name, address and complete items 1 through 5 for each, in the case of (a) corporations, all stockholders holding more than ten percent (10%) of outstanding stock, all officers and managers; (b) partnership, all partners and managers; (c) proprietorships or others, the owner and manager. (Use additional sheets if necessary)

Type of Business: Corporation Partnership Sole Proprietorship

Other: - Specify -

Business Name:

Type:

Business Address:

License Fee:

Business Phone #:

Business Fax #:

Email Address:

Applicant's Relationship to Business:

Description of Business:

Business Hours

SUNDAY _____ to _____

MONDAY _____ to _____

TUESDAY _____ to _____

WEDNESDAY _____ to _____

THURSDAY _____ to _____

FRIDAY _____ to _____

SATURDAY _____ to _____

1. Have you ever held a permit in any other city or state? Yes No
If so please give location:
2. Have you ever had your vendor or peddler permit suspended or revoked? Yes No
If so please give reason:
3. Are you indebted obligated to the City in any manner (except for current taxes)? Yes No
If so please give reason:
4. Have you ever been convicted of a crime other than a Traffic Offense? Yes No
If yes, complete the following for each conviction.

<u>Offense</u>	<u>Date of Conviction</u>	<u>Place of Conviction</u>
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5. I certify, to my knowledge that, I am not in violation of the Building or Zoning laws of the City Of Lancaster. If in violation, I shall conform to the Building and Zoning laws of the City Of Lancaster.

Signature

The License Officer shall keep all information furnished or secured under the authority of this Ordinance in strict confidence, excepting names and addresses of the licensees. Such information shall not be subject to public inspections and shall be kept to that the contacts thereof shall not become known except to the person charged with the administration of this Ordinance.

The undersigned being duly sworn/affirmed according to law, deposes and says that the facts set forth in this application are true and correct to the best of his/her knowledge, information and belief. (Misstatement of any facts in this application may be grounds to refuse issuance of the license). Furnishing false or intentionally misleading information is grounds for denial or revocation of the license and may constitute a crime under section 4903 of the Pennsylvania Penal Code (18 P.S. § 4903)

Signature _____

Sworn and subscribed before me this

_____ day of _____, _____

Notary Public