



OFFICE OF THE SUPERVISORS

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BOARD OF SUPERVISORS

Dale Handick
Herbert Grubbs
William Michael

WASHINGTON COUNTY, PENNSYLVANIA

Application for Peddler Permit

Applicants Name: _____

Address: _____

Mailing Address (if different): _____

Phone #: _____

Business Name: _____

Supervisor Name: _____

Product/ Service Description: _____

Vehicle License Plate _____ State _____ Make _____ Model _____

Permit Length: _____

Supplemental information to be submitted with your application:

- A copy of your Photo ID

By signing below:

- I herby certify that the above information is true and accurate to the best of my knowledge
- I understand that the permit cost is non-refundable
- I understand that I may not begin soliciting until I have received my Peddler's Permit and that if approved, I agree to carry my Permit with me at all time while soliciting.
- I understand that any misrepresentation of information and/or soliciting without my Peddler's Permit may be grounds for refusal or revocation of license.

Signature of Applicant: _____

Print Name: _____ Date: _____