



Application for Itinerant Merchant/Vendor/Solicitor

Applicant/Company Name: _____

Principal Contact:_____ **Phone Number:** _____

Address:_____ **State:**____ **Zip Code:**_____

Email Address: _____

Insurance Carrier:_____

Description or Nature of Business:_____

(Proof of identification & copy of Current Drivers License of ALL employees that will be used in the day to day operations of solicitors) Applicant and employees dealing with the public must submit to a photograph taken by municipal official or agent.

Social Security Number/EIN_____ **Bank Statement in Name of Applicant Required. Certified Check in the amount of \$500.00 made payable to Pittston Township**

Anyone doing business under this permit shall state:

His or her criminal record if any, name and address of employer, type of goods or services, Vehicle Make, Model and Year of all vehicles used and submit to a photo.

Name:_____

Name:_____

Name:_____

Name:_____

Phone: 570-654-0161

Email: zoning@pittstontownship.org

IN OFFICE USE ONLY:

ASSIGNED PERMIT NUMBER: _____

DATE ASSIGNED: _____

ZONING OFFICER SIGNATURE: _____