



24 Analomink Street, East Stroudsburg PA 18301

Phone: 570.421.8300 Fax: 570.421.5575 Web: www.eaststroudsburgboro.org

Hawking and Peddling Permit Application

***You will be contacted within 48 hours regarding this application.* Please fill out the form completely and legibly, provide two forms of identification, including your company I.D., if applicable.

Name _____ Age _____ DOB _____

Weight _____ Height _____ Hair Color _____ Eye Color _____

Race _____ Sex _____ Phone Number _____

Physical Address _____

Name of Company You Represent _____

Address of Company _____

Specific Streets/Areas in the Borough you will be peddling _____

Nature of Business to be conducted and type of merchandise to be sold or services to be solicited:

Date(s) you will be soliciting _____

Driver's License Number _____ State _____

Vehicle Make _____ Model _____ Color _____

Plate # _____ Registration State _____

Signature of Applicant _____ Date _____

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FEES: \$45/day, \$124/week, \$ 239/month

PLEASE MAKE COPY OF TWO FORMS OF ID (COMPANY ID IF THEY ARE SOLICITING FOR

A BUSINESS) FROM APPLICANT AND ATTACH TO FORM

This License is valid from _____ to _____

Amount Paid _____ Method of Payment _____ Date _____

Application processed by: _____ Approved _____ Denied _____

Notes: