

Robinson Township



8400 Noblestown Road ~ McDonald, PA 15057 ~ 724-926-8700

MERCHANT PERMIT APPLICATION

NAME AND ADDRESS OF EMPLOYER:

PHONE:

Individual (please fill in the following):

NAME:

PHONE:

ADDRESS:

DRIVERS LICENSE NUMBER:

STATE LICENSE IS:

ISSUED:

VEHICLE TO BE USED, IF ANY:

Make:

Plate:

Color:

Model:

License (if approved) to be issued for:

One Day

One Week

One Month

One Year

DATE AND TIME YOU INTEND TO SOLICIT/PEDDLE IN ROBINSON TOWNSHIP, WASHINGTON COUNTY:

I (we) hereby authorize the McDonald Police Department to conduct a criminal background check under PA State Statute 340A.402. The expiration of this authorization shall be for a period no longer one year from the date of my signature.

Signature of Applicant:

Date:

APPROVED BY:

Manager:

Date: