

Blooming Grove Township

488 Route 739
Blooming Grove, PA 18428
(570) 775-6461

PEDDLER / SOLICITORS LICENSE

APPLICATION INSTRUCTIONS

- 1) Complete Application Form.
- 2) Sketch location & layout of sales area
Include the following:
 - ✓ Vehicle entrance and parking area.
 - ✓ Floor plan of sales area.
 - ✓ Location of any signs.
 - ✓ Storage containers for merchandise.
 - ✓ Location of Trash/Waste receptacles.
- 3) Provide copy of lease agreement.
- 4) Provide copy of insurance.
- 5) Provide copy(ies) of ANY other licenses required by State or Federal Agencies.
- 6) Provide inventory list of items to be sold.
- 7) Obtain sign permit. (If required)

NOTE 1: All applications shall be made through ZONING & CODE ENFORCEMENT OFFICER to TOWNSHIP SECRETARY

NOTE 2: All payments made by **check** or **money order**, payable to 'Blooming Grove Township'.

NOTE 3: Payment of ***SEPARATE*** checks or money orders is required for fee and bond. Bond check must be renewed every 3 month period with renewal application of PEDDLER / SOLICITORS LICENSE. Temporary Sign Permit is valid for 21 days and must also be paid by ***SEPARATE*** check or money order.

NOTE 4: Applicant must provide, self addressed, stamped envelope for return of bond check when license expires. If return envelope is not provided or bond is not picked up within 30 days after expiration of license, the bond deposit will be destroyed.

NOTE 5: Contact Zoning & Code Enforcement officer or Township Secretary at Blooming Grove Township with any question pertaining to this application.

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Telephone: (570) 775-6461

APPLICATION FOR
PEDDLER / SOLICITORS LICENSE

License Fee: \$25.⁰⁰ Separate Bond Deposit: \$50.⁰⁰

PLEASE PRINT NEATLY

✓ **REQUIRED INFORMATION**

APPLICANT INFORMATION

- ✓ Applicant(s) Name: _____
- ✓ Applicant(s) Address: _____
_____ Zip Code: _____
- ✓ Applicant(s) Telephone: (____) ____ - _____
- ✓ Location of Proposed Solicitation: _____

- ✓ Start Date: _____ End Date: _____
- ✓ DEP License Number: (If Applicable) _____
- ✓ Insurance Company: _____ Policy Number: _____ Expires On: _____
- ✓ Provide any other information the applicant deems appropriate:

- ✓ Signature of Applicant or Representative: _____ Date: _____

**THIS LICENSE SHALL BE VALID FOR A 90 DAY PERIOD FROM DATE OF APPROVAL.
APPLICATION FOR RENEWAL MUST BE MADE 10 WORKING DAYS PRIOR TO EXPIRATION DATE.**

<<< DO NOT WRITE BELOW THIS LINE >>>

ACTION OF ZONING OFFICER

Approved / Denied On: _____ Reason: _____ Initials: _____

ACTION OF APPROVING AUTHORITY

Approved / Denied On: _____ Reason: _____
Expires On: _____

Jo-Anna M. Donahue
Township Secretary
