# TOWNSHIP OF ROBINSON/MERCHANT PERMIT APPLICATION

**NAME AND ADDRESS OF EMPLOYER:** _____

_____ **Phone No.** _____

_____

Individual (please fill in the following):

**NAME:** _____ **PHONE NO:** _____
Last First Middle

**ADDRESS:** _____

**DRIVERS LICENSE NO:** _____ State License Issued _____

**VEHICLE TO BE USED, IF ANY:**

Make _____ Model _____ Color _____

**A COPY OF A PICTURE ID (STATE ISSUED) MUST BE ATTACHED**

**GENERAL DESCRIPTION OF GOODS TO BE SOLD:** _____

_____

_____

**License (if approved) to be issued for:**

€ **One Day** € **One Month**

€ **One week** € **One Year**

**Date & times you intend to solicit/peddle in the Township of Robinson:**

_____

**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:**

_____ **Date:** _____

**Manager**