



# LOWER NAZARETH TOWNSHIP

## ZONING OFFICE

623 MUNICIPAL DRIVE, SUITE 200

NAZARETH, PA 18064

TELEPHONE: 610-759-7434

FAX: 610-746-3317

### PEDDLERS AND TRANSIENT RETAIL MERCHANTS LICENSE APPLICATION

**DIRECTIONS:** Please complete all of the following sections below. All sections must be completed with the required information requested. If the required information is not provided, a license will not be issued. Please note that any false statement or misrepresentation of fact within this application is criminal offense and subject to severe penalties of the Pennsylvania Criminal Codes.

1. Name of applicant as it will appear on the license: \_\_\_\_\_

2. Address of applicant: \_\_\_\_\_  
\_\_\_\_\_

3. Phone number of applicant: \_\_\_\_\_

4. Drivers license number: \_\_\_\_\_ State of issue: \_\_\_\_\_

5. Year, type and color of vehicle driven: \_\_\_\_\_

6. License plate number on vehicle: \_\_\_\_\_ State of issue: \_\_\_\_\_

7. Social Security number: \_\_\_\_\_

8. Name, address and phone number of person for whom applicant works for: \_\_\_\_\_  
\_\_\_\_\_

9. Types of goods, wares and merchandise to be peddled or solicited: \_\_\_\_\_

10. Are you peddling or soliciting for funds? (circle one)      Yes      No      If yes, what is the name of the organization? \_\_\_\_\_  
Is this organization a 501C(3) organization as registered by the Internal Revenue Service? (circle one)      Yes      No      If you answered yes to this question, you must supply the tax identification number: \_\_\_\_\_

14. What are these solicited funds being used for? \_\_\_\_\_

15. How long will you be soliciting or peddling in Lower Nazareth Township? \_\_\_\_\_

16. Where in the township will you be soliciting or peddling? You must be site specific. Please provide a map. \_\_\_\_\_

17. What type of application is this being made to peddle? (circle one)      Peddlers' License      Transient Retail Merchants'

## LICENSE LIMITATIONS AND REQUIREMENTS

1. Each INDIVIDUAL intending to peddle or solicit for on behalf of any legal entity shall make a personal application for such license, which individual license shall be required for each individual engaged in peddling or soliciting in Lower Nazareth Township.

2. This license is not transferable from one person to another person.

3. No person licensed as a peddler under Ordinance #58 shall occupy any fixed location upon any of the streets, alleys or sidewalks of the township for the purpose of peddling, with or without any stand or counter.

4. The township may suspend any license issued under this ordinance #58 where there is a violation of any provisions of this ordinance.

5. All licenses must be displayed if the applicant is a transient retail merchant or if a peddler, must carry the license upon his/her person and shall exhibit such license upon request to all police officers, township officials and citizens. No person shall engage in selling product not mentioned upon such license.

6. Transient retail merchants must display their goods in commercially zoned areas and cannot impede traffic flow, sight distances, parking or be in violation of any other township ordinance.

7. The license expires after thirty days from the date of issuance. The license may be renewed in 30 day intervals for a period no longer than 180 days after the first issuance. Each new interval period constitutes a new license application and fee.

**I HAVE READ THE ABOVE LICENSE LIMITATIONS AND REGULATIONS AND AGREE TO COMPLY WITH THESE LIMITATIONS AND REGULATIONS AND WITH ALL OTHER LOWER NAZARETH TOWNSHIP ORDINANCES INCLUDING BUT NOT LIMITED TO ORDINANCE #58. I ALSO UNDERSTAND AND ACKNOWLEDGE THAT FAILURE TO COMPLY WITH THESE LIMITATIONS AND REGULATIONS AND ANY OTHER LOWER NAZARETH TOWNSHIP ORDINANCE SHALL BE GROUNDS FOR IMMEDIATE REVOCATION OF THIS LICENSE. FURTHERMORE, I VERIFY THAT THE FACTS SET FORTH IN THIS APPLICATION ARE TRUE TO THE BEST OF THEIR KNOWLEDGE, INFORMATION AND BELIEF. THIS VERIFICATION IS MADE SUBJECT TO THE PENALTIES OF THE PA. CRIMES CODE (18 Pa C.S.A. SECTION 4904) RELATING TO UNSWORN FALSIFICATION TO MUNICIPAL AUTHORITIES.**

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

### FOR OFFICE USE ONLY

LICENSE# _____	DATE OF APPLICATION _____	DATE LICENSE ISSUED _____
AMOUNT _____	CASH _____	CHECK _____
LICENSE EXPIRATION DATE _____		ISSUED BY: _____