



# TOWNSHIP of LIGONIER

OFFICE OF THE SUPERVISORS  
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## PEDDLER PERMIT APPLICATION (Transient Retail Merchants)

**Permit Fees: \$5 Per Day or \$250 Per Year**

Company/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Salesperson Name(s): \_\_\_\_\_

Purpose of Solicitation: \_\_\_\_\_

Goods to be Sold: \_\_\_\_\_

Location of Sales: \_\_\_\_\_

Period Covered: From \_\_\_\_\_ To \_\_\_\_\_

Total # of Days: \_\_\_\_\_

Criminal Record: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes list Nature of Arrest or Prosecution \_\_\_\_\_

License Number & Type of vehicle to be used if any: \_\_\_\_\_

Application for himself and a helpers, all applicable information above shall be given for each helper.

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X \_\_\_\_\_  
Signature Date

By signing this I have read and understand the provisions of the Ordinances pertaining to Transient Retail Merchants.