## SCIO TOWNSHIP PERMIT APPLICATION 'A', NON-EXEMPT PEDDLERS AND SOLICITORS

APPLICANT'S NAME (Please	print)			
Email address:				
DATE OF BIRTH	WEIGHT	HEIGHT	EYES	HAIR
ADDRESS: Residence:			Phone:	<del>-</del>
Business Name: _ NATURE OF BUSINESS, ACT		GOODS TO BE S	OLD:	
EMPLOYER: Address:	City:		State:	Zip
Phone:	<u> </u>			
For what length of time does th	e applicant desire	a permit? Fron	n:To	:
Please indicate the hrs. and day	ys of solicitation:			
M-T-W-Th-F-Sa-S From:	a.m./p.m.	- to:a	.m./p.m.	
Describe the vehicle or vehicles	to be used:			
License number:			State:	
Make:			Model:	
Year:		Proof of	Auto Insurance:	
LIST THE PERSONS INVOL	VED IN THE ACT	TIVITY (Please att	ach separate sheet	if needed):
☐ Attach letter from employer☐ Attach a copy of photo I.D.'				nployer.
☐ If the applicant is handling opermit issued by the Washtena			nption, attach proc	of of a valid health
<ul> <li>□ Attach evidence of public lia</li> <li>□ A comprehensive criminal hof each application.</li> </ul>	•	aw enforcement a	gency within 30 da	ys preceding the filin
NOTE: The above information Peddlers and Solicitors section	-	lition to complying	g with the Scio Tow	nship Codification f
Signature	<del></del>	Title		ate

Application Fees: \$5.00 plus \$5.00 per day for the first six (6) days, plus \$1.00 per day thereafter, or, \$5.00 plus \$25.00 per month, or \$5.00 plus \$50.00 per year.