

WEST EASTON BOROUGH
BUSINESS PRIVILEGE LICENSE APPLICATION

DATE _____

LICENSE # _____

*THE UNDERSIGNED HEREBY APPLIES FOR A BUSINESS PRIVILEGE LICENSE IN THE
BOROUGH OF WEST EASTON*

NAME _____

COMPANY NAME _____

ADDRESS _____

PHONE NUMBER _____

TYPE OF BUSINESS _____

ESTIMATED TIME IN THE COMMUNITY _____

WILL WHOLE COMMUNITY BE CONTACTED _____

IF NOT, WHAT DEMOGRAPHIC OR ADDRESS WILL BE TARGETED:

Do Have Liability and/or Workmen's Compensation Insurance?

YES ____ NO ____

*****No licensee shall engage in peddling or soliciting from door to door at any time on a
Sunday or upon any other day of the week before 9 a.m. or after 5p.m., prevailing
time.***

SIGNATURE OF APPLICANT

BOROUGH CLERK