

APPLICATION FOR SOLICITATION LICENSE

PHOTO IDENTIFICATION REQUIRED

Application Name: First _____ M.I. _____ Last _____

Date of Birth: _____ Soc. Sec. No. _____

Permanent Address: Street _____

City/State _____ Zip _____

Local Address: Street _____

Phone No. _____

Physical Description: Height _____ Weight _____
of Applicant Color Eyes _____ Color Hair _____

Employer: Name of Organization _____

Address: _____ Zip _____

Phone No: _____

Nature of Business: _____

Purpose for Solicitation: _____

Length of time requested _____ Day(s) _____ Month(s)

_____ Week(s) _____ Years(s)

Type of vehicle to be used: Make _____ Model _____ Year _____

License Number _____

Will more than one vehicle be used: _____

If so, List: Make _____ Model _____ Year _____

License Number _____

Have you ever been charged with any crime other than traffic violation?

_____ Convicted? _____ if yes to either, please explain.

WITNESS

Signature of Applicant

Date: _____

SOLICITATION LICENSE

I, _____, Borough Manager
of Scottdale Borough, hereby authorize _____
to proceed as a (Solicitor, Transient, Merchant) in the Borough of
Scottdale, for a period of _____
beginning on _____, 20____, at _____ .M.
and ending on _____, 20____, at _____ .M.
unless said party is found to be in violation of Ordinance No. _____
or it is determined that the Applicant/Licensee has provided false
information on its application for its license, whereupon this
license shall be revoked and/or suspended immediately, and no part
of the license fee shall be refunded by the Borough.

Signature of Authorizing Official

Amount Paid: _____

Date Paid : _____