

Catawissa Borough

307 Main Street

Catawissa, PA 17820

Phone: (570) 356-2561

Fax: (570) 356-2794

APPLICATION FOR PERMIT TO SOLICIT

Name: _____ Date: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Driver's License No.: _____ State Issued: _____

Vehicle Registration No.: _____ State Issued: _____

Company Represented: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Company Phone No.: _____ Direct Supervisor Name: _____

Address While In Area: _____ Phone No.: _____

Description of Merchandise: _____

List of names of the last two communities you solicited and who issued permit:

1. _____

2. _____

Have you ever been arrested: ____ Yes ____ No (exclusive of motor vehicle violations)

If Yes, Explain: _____

How long will Solicitation last? _____ (no longer than 30 days)

How many will be in your crew? _____ Attach List of Names on Separate Sheet

I hereby certify that

the information I have provided above is correct and accurate to the best of my knowledge.

Signature

Date

email: cataboro@catawissaboro.com

website: catawissa.us