# Borough of Walnutport

417 Lincoln Avenue
Walnutport, PA 18088
610-767-1322
www.walnutportpa.org

# STATIONARY SOLICITORS PERMIT

Application date: _____

Date of permit requesting: _____

Name of applicant: _____

Home address of applicant: _____

_____

Telephone number: _____

Type of goods or merchandise to be sold: _____

Location of where selling will take place: _____

Owner of property & owner signature: _____

Was permission received from the property owner? ☐ Yes ☐ No

Has the applicant or any assistants ever been convicted of a crime? ☐ Yes ☐ No
(other than a summary motor vehicle offense)

If yes, what crimes or crimes? _____

I hereby make an application for a license as required by Ordinance 92-4 amended by Ordinance 98-1, of the Borough of Walnutport and do hereby state that all of the information set forth on this application is true and correct. I do further agree to comply with all the provisions of the Ordinance.

_____
Signature of Applicant

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**OFFICE USE ONLY**

Is a zoning permit required? ☐ Yes ☐ No Permit # _____

_____ _____
Issued by Permit Fee

$25.00 per day unless changed by Resolution