Borough of Walnutport

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

TRANSIENT SOLICITORS PERMIT

Application date: _____ Date of permit requesting: _____

Name of applicant: _____

Home address of applicant: _____

_____

Telephone number: _____ Business number: _____

Business address: _____

_____

Type of goods or merchandise to be sold/nature of work be: _____

_____

Type(s) of vehicle(s) being used:

Vehicle Description: _____

License Number: _____

Drivers License Copy ☐

Photo ID from company Copy ☐

Has the applicant 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

OFFICE USE ONLY

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

_____ _____
Issued by Permit Fee

$25.00 per day unless changed by Resolution