

BOROUGH OF SCOTTTDALE



10 Mt. Pleasant Road
Scottsdale, PA 15683
Phone: 724-887-8220 - Fax: 724.887-0195
E-Mail: scottsdaleboroughmgr@gmail.com

Application for Solicitation License (Photo Identification Required)

PERSONAL INFORMATION

Last Name: _____ M.I.: _____ Last Name: _____

Date of Birth: ____/____/____ SSN# _____-____-____

Permanent Address: Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____

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

EMPLOYER

Name of Organization: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Nature of Business: _____

Purpose for Solicitation: _____

Length of Time Requested: Day(s): _____ Month(s): _____

Week(s): _____ Year(s): _____

Type of Vehicle Used: Make: _____ Model: _____ Year: _____

License Number: _____

Will More Than One Vehicle be Used?: **Yes:** _____ **No:** _____

If So, Please List: **Make:** _____ **Model:** _____ **Year:** _____

Have you ever been charged with a crime other than a traffic Violation?

Convicted?: **Yes:** _____ **No:** _____

If yes, please explain:

WITNESS

Please Print Name

Signature

Date: _____

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: _____

Ending on: _____

unless said party is found to be in violation of Ordinance#: _____ or it is determined
that the Applicant/Licensee has provided false information on its application for 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: _____