

BOROUGH OF WALNUTPORT

417 LINCOLN AVENUE
WALNUTPORT, PA 18088
Telephone (610) 767-1322

STATIONARY SOLICITORS PERMIT

Application Date: _____

Dates of Permit: _____

Name of Applicant: _____

Home Address of Applicant: _____

Business Telephone Number: _____

Nature of Work for which Application is Submitted: _____

Type of Goods or Merchandise to be Sold: _____

Location of where Selling will take Place: _____

Owner of Property: _____

Was Permission received from Property Owner? Yes No

Number of People Soliciting: _____

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

If yes, of what crime or crimes? _____

I hereby make application for a license as required by Ordinance Number 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 of the provisions of the Ordinance.

Signature of Applicant

OFFICE USE ONLY

Is a Zoning Permit Required? Yes No

Permit No. _____

Issuing Authority

\$20.00 Per Day or Fraction Thereof

Permit Fee