

Avoca Borough
Solicitation Permit Application

PERMIT# _____ OF _____

DATE PERMIT ISSUED: _____

DATE PERMIT EXPIRES: _____

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____ HOME ADDRESS: _____

CONTACT PHONE#: _____ DATE OF BIRTH: _____ SIGNATURE: _____

DRIVERS LIC #: _____ STATE _____

EMPLOYER/COMPANY NAME: _____

EMPLOYER/COMPANY ADDRESS: _____

EMPLOYER/COMPANY CONTACT: _____ EMPLOYER/COMPANY CONTACT #: _____

SPECIFIC TYPE OF MERCHANDISE OR SERVICES BEING SOLICITED: *(Provide Description)*

NUMBER OF DAYS OF SOLICITATION REQUESTED _____ NUMBER OF VEHICLES BEING USED: _____

VEHICLE INFORMATION

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____

REGISTRATION # _____ REGISTRATION STATE _____

EMPLOYEE INFORMATION

NUMBER OF PERSONS SOLICITING: _____ *(Valid ID Required for each employee)*

1) NAME: _____ DOB: _____ STATE & ID#: _____

HOME ADDRESS: _____ PHONE#: _____

SIGNATURE: _____

(By signing you agree to Background Check & Criminal History)

2) NAME: _____ DOB: _____ STATE & ID#: _____

HOME ADDRESS: _____ PHONE#: _____

SIGNATURE: _____

(By signing you agree to Background Check & Criminal History)

TOTAL AMOUNT DUE:	AMOUNT PAID:

SIGNATURE OF APPLICANT: _____

SIGNATURE OF BOROUGH DESIGNEE: _____

****PLEASE NOTE: Soliciting is only permitted Monday thru Saturday between 10:00 AM & 7:00 PM****