LINESVILLE BOROUGH
LICENSE APPLICATION FOR PEDDLING AND SOLICITING

NAME:	
ADDRESS:	
TELEPHONE NUMBER(S):	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

COMPANY NAME:	
COMPANY ADDRESS:	
COMPANY TELEPHONE NUMBER:	
SUPERVISOR NAME:	
TYPE OF BUSINESS/ DESCRIPTION OF PRODUCT/ SERVICE OFFERED:	

VEHICLE REGISTRATION NUMBER:		STATE:
VEHICLE MAKE:	VEHICLE MODEL:	
VEHICLE YEAR:	VEHICLE COLOR:	
DRIVER NAME:		DATE OF BIRTH:
DRIVER LICENSE NUMBER:		STATE:

HAVE YOU EVER BEEN ARRESTED? YES/ NO (CIRCLE ONE) IF YES, LIST DATE OF ARREST AND CHARGES:

_____

_____

_____

I HAVE RECEIVED A COPY OF THE LINESVILLE BOROUGH SOLICITATION ORDINANCE AND WILL COMPLY WITH ALL ASPECTS OF THE SOLICITION ORDINANCE. I UNDERSTAND THAT ANY VIOLATION OF THE ORDINANCE WILL RESULT IN REVOCATION OF THIS PERMIT. I CERTIFY THAT ALL INFORMATION LISTED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE:_____ DATE:_____

LPD USE ONLY	**CRIMINAL HISTORY RAN: YES/ NO** **DATE CH RAN:**	**PERMIT ISSUED: YES/ NO** **DATE ISSUED:**	**DURATION:**
BOROUGH USE ONLY	**CRIMINAL HISTORY FEE:** **DATE PAID:**	**APPLICATION FEE:** **DATE PAID:**	**CHECK #:_____** **CASH:**

I CERTIFY THAT THE ABOVE NAMED PERSON HAS SHOWN PROPER CREDENTIALS AND HAS APPLIED FOR AND RECEIVED A PERMIT FRO THE PURPOSE OF PEDDLING/ SOLICITING WITH THE THE BOROUGH OF LINESVILLE.

OFFICER MANAGER SIGNATURE:_____ DATE AND SEAL:_____