



LATROBE
PENNSYLVANIA

APPLICATION FOR SOLICITATION/PEDDLING LICENSE
CITY OF LATROBE - WESTMORELAND COUNTY

DATE: _____

PHONE: _____

FULL NAME: _____ S.S. NO. _____

ADDRESS: _____

NAME OF EMPLOYER OR ORGANIZATION: _____

ADDRESS OF EMPLOYER OR ORGANIZATION: _____

NATURE OF PERSONAL PROPERTY, REAL PROPERTY OR SERVICES OFFERED FOR SALE: _____

SALES TAX ID # _____

NATURE OF SOLICITATION FOR CONTRIBUTIONS, GIFTS, OR ADVERTISING (INCLUDE PURPOSE FOR WHICH IT IS TO BE USED): _____

DOES APPLICANT COMPLY WITH PROVISIONS OF THE SOLICITATION OF CHARITABLE FUNDS ACT?

YES _____ NO _____

MAKE AND COLOR OF VEHICLE USED: _____

REGISTRATION NUMBER OF VEHICLE: _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES _____ NO _____

IF YES, EXPLAIN FULLY: _____

LICENSE REQUESTED FOR _____ DAYS. DATES: _____

NUMBER OF LICENSES _____. NAMES FOR LICENSE: _____

FEE COLLECTED: (\$10/DAY/PERSON) _____ DATE: _____

I VERIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 PA. C.S. S4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES. I ALSO VERIFY RECEIPT OF CHAPTER 223, PEDDLING AND SOLICITING, OF THE CITY OF LATROBE CODE OF ORDINANCES.

(SIGNED)

APPROVED: YES _____ NO _____

DATE: _____

SIGNED: _____

CITY MANAGER