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| Port A borough seal.jpg | **Port Allegany Borough**  **Application for Soliciting / Peddling License**  **Applications and payment must be returned to the Port Allegany Borough Office**  **45 W. Maple Street, Port Allegany, PA 16749** |

**I. Applicant Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant’s Name | | |  | | | | |
| Street Address | |  | | | | | |
| City |  | | | State |  | Zip |  |

Are you self employed?  Yes  No

**II. Employer’s Information (if not self employed)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employer’s Name | | |  | | | | |
| Street Address | |  | | | | | |
| City |  | | | State |  | Zip |  |

**III. Length of License**

|  |  |  |
| --- | --- | --- |
| **Length** | **Start Date** | **End Date** |
| **1 day ($10)** |  |  |
| **1 month ($15)** |  |  |
| **3 months ($25)** |  |  |
| **1 year ($75)** |  |  |

**IV. Description of Goods, Services, or Wares Offered for Sale**

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**V. Vehicle Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Make** |  | | | | **Model** |  | | |
| **License Plate #** | |  | **State Registered** |  | | | **Color** |  |

**VI. Criminal History**

Have you ever been convicted of a crime?  Yes  No

If yes, what were the nature of the offense(s) and the punishment imposed?

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**All applicants are required to submit a photograph of himself / herself , which will be   
retained by the borough. Copies of driver’s licenses will be accepted.**

In making this application, the undersigned agrees that upon application approval, the applicant will be bound by the provisions contained in the pertinent ordinances, rules, and regulations of the Port Allegany Borough. By signing below, the applicant also attests that all information provided on this application is true and accurate to the best of their knowledge

Signature: Date:

**For Office Use Only** – the person whose name appears above has applied for and received a license to peddle and/or solicit the above referenced goods and/or services within the Borough of Port Allegany for the date(s) shown.

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| ***Payment Method:***  Cash  Check / Money Order #: | ***Amount Paid:*** |
| ***Approved by:*** | ***Date:*** |