

Glassport Borough
12 Monongahela Avenue
Glassport, PA 15045
412-672-7400
office@glassportborough.net

Application for Solicitor's Permit

Name of Company _____

Address of Company _____

Product / Service _____

Telephone Number _____ Alternate Number _____

Name/Title of Solicitor _____

Solicitor Address _____

Solicitor Phone Number _____ Alternate Number _____

Do you have a criminal record (if yes, please provide additional information) _____

Driver's License # / State / Expiration _____

Type of Vehicle / State / License Plate # _____

How many people will you be working with _____

Anyone soliciting must complete an application and provide the above information.

I acknowledge that the above information is true and correct.

Signature of Applicant

Date of Application

Date Range	# of Days	Fee / Paid

Copy of Driver's License must accompany this application

Chief of Police

Date