

CONNOQUENESSING BOROUGH

PO Box 471
228 Constitution Avenue
Connoquenessing, PA 16027

Solicitation Permit

Please Print

Name: _____ Company: _____ Commodity or Service: _____

Address: _____ Work Phone _____ Fax _____

Describe Objective for Permit Use: _____

LIST ALL TO BE COVERED BY PERMIT

Name	Address	Vehicle Make	License	Home Phone	Cell Phone	Height	Weight:	Hair	Eyes	Age

Time Frame to be covered by Permit (day, month, year): _____ Time Period (Dates): _____ From: _____ To: _____

Was prior license ever issued? Yes () No () Has a prior request been refused? Yes () No ()

Were any of the individuals covered by this Permit ever convicted of any crime, felony, misdemeanor or violation of any municipal ordinance?

(Other than traffic violation) Yes () No () _____

If Yes, describe including name, date, nature of offense and the punishment or penalty assessed.

Signature of Applicant _____ Borough Approval _____ Payment _____ Date _____

Borough Seal