

Elizabeth Borough Police Department

121 N. 2nd Avenue, Elizabeth, PA 15037

Office (412) 384-4041

Fax (412) 384-2972

Application for Soliciting Permit

Name: _____ Age: _____ Birthdate: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Glasses: _____

Identifying Characteristics: _____

Permanent Home Address: _____

_____ Phone Number: _____

Local Address: _____

_____ Phone Number: _____

Name of Organization: _____

Address of Organization: _____

_____ Phone Number: _____

Describe Nature of Business & Goods, Services, Wares, etc., To Be Sold:

State Whether Interstate or Intrastate (proof of same is required): _____

If Charitable Organization, Tax Exempt Number (proof of same required): _____

State Dates, Times & Routes to be Covered Under This Permit: _____

Make, Model, Year, Color, License # & State of Vehilce(s) to be Used: _____

Operator's License Number: _____ State: _____ Expires: _____

Date of Application: _____ Signature: _____

No activity permitted shall commence until forty-eight (48) hours have elapsed from the time this application has been submitted and approved. Please attach two (2) photographs approximately two and one-half inches square to this application. Photographs should show head and shoulders only. Please see attached regulations which are a part and parcel of this application.

\$30/day, \$60/partial month, \$120 full month