



SAEGERTOWN BOROUGH  
603 Erie St., Po Box 558  
Saegertown, Pa. 16433-0558  
Phone: 814-763-4600 Fax: 814-763-2250  
[Saegertown@zoominternet.net](mailto:Saegertown@zoominternet.net)

**SOLICITING License and Permit**  
**(For one (1) individual Only)**

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Salesman Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Salesman Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

All Goods to be sold: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes list offenses on back

Must have a vehicle description even if dropped off (updated each trip if vehicle changes):

Vehicle Make & Model: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_

Licenses Number: \_\_\_\_\_ State: \_\_\_\_\_

Photo ID provided:  Yes  No ID - permit denied. (Keep copy on file)

Fee:  \$100.00 per month  \$250.00 per calendar year  Paid by  Cash  Check (# \_\_\_\_\_)

**-This permit must be carried at all times, and must be presented to any resident if requested.**

**-This permit is only valid from 9:00 am prevailing time until 8:00 pm prevailing time.**

**-Failure to supply ALL information requested will result in denial of permit.**

**-This permit may be revoked at any time. (Fee non-refundable)**

**Applicant Acknowledgement:**

*I hereby acknowledge that I understand the rules and regulations of Saegertown Borough, that all information submitted above is true and correct, and hereby agree that all applicable ordinances and regulations of Saegertown Borough and the Commonwealth of Penna. will be complied with.*

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Borough Use Only:  Application Approved  Application Denied

Signed: \_\_\_\_\_ Valid from: \_\_\_\_\_ to: \_\_\_\_\_