

Township of Crescent



225 Spring Run Road
Crescent, Pennsylvania 15046

Office: 724-457-8100
Fax: 724-457-2045

Website: www.crescenttownship.com

APPLICATION TO SOLICIT

DAY \$25.00 WEEK \$100.00 MONTH \$250.00 YEAR \$300.00
Questions or complaints about the issuance of this permit or solicitor contact?
Call: 724-457-8100 Email: info@crescenttownship.com

Name of Applicant: _____

Applicant Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Age: ____ Height: ____ Weight: ____ Eyes: ____ Sex: ____ SS#: _____

Has prior request been submitted? ____YES ____NO Was it approved? ____YES ____NO

Have you ever been convicted of any crime, felony, misdemeanor, or violation of any Municipal Ordinance?

YES: _____ NO: _____ If yes, describe: _____

Will applicant be assisted by any assistants? ____YES ____NO

Number of Assistants: _____ (NOTE: If answer is yes, a separate application shall be filed for each assistant)

Name of Company: _____

Name of Supervisor: _____ Supervisor Contact #: _____

Company Address: _____

Phone: _____ Email: _____ Website: _____

Commodity / Service Sold: _____

Vehicle: Year: _____ Make: _____ Model: _____ Color: _____ License Plate #: _____

LENGTH OF TIME (CIRCLE ONE): Day Week Month 3 Month 6 Month Year

DATE OF OPERATION: Beginning date: _____ End date: _____

CURRENT, SUCCESSFUL CRIMINAL BACKGROUND MUST BE SUBMITTED WITH APPLICATION.

Initial Here

_____ I understand that door-to-door soliciting is **ONLY** permitted during **DAYLIGHT HOURS**.

_____ I have been informed about, and received a copy of the No Solicitation List.

_____ I understand that the Permit must be visible at all times while soliciting.

_____ I have received a copy, read and understand Chapter 535 of Crescent's Codified Ordinance.

Signature _____ Date _____

FEE: _____ APPROVED BY: _____ DATE: _____