

CITY OF SAINT MARYS

ELK COUNTY, PENNSYLVANIA

(814) 781-1718
(814) 834-1304 (FAX)
www.cityofstmarys.com

Application # _____

Date Received _____

Fee \$50.00 per week _____
(Non-profit Organization - No Fee)

APPLICATION FOR TRANSIENT MERCHANT/SOLICITING LICENSE

NAME OF FIRM/PERSON/ORGANIZATION _____

HOME/OFFICE ADDRESS _____

TELEPHONE NUMBER _____

NUMBER OF PERSONS IN CANVASSING PARTY _____

DESCRIPTION OF GOODS _____

PRICE RANGE _____

AREA TO BE CANVASSED _____

DATES FOR SOLICITING _____

CERTIFICATE OF REGISTRATION

THIS CERTIFIES THAT _____

HAS BEEN GRANTED PERMISSION TO CANVASS/SOLICIT/PEDDLE _____

_____ AT (AREA OF CITY) _____

_____ ON (DATES) _____

ACCORDING TO CHAPTER 13, PART 1 OF THE SAINT MARYS CITY CODE.

SIGNATURE _____ DATE _____

c/Police Department

SOLICITOR(S) INFORMATION

Name _____

Address _____

Telephone Number _____

Description: Height _____ Weight _____ Hair Color _____
 Eye Color _____ Sex _____ Race _____

Drivers License Number _____ State _____

Social Security Number _____

Vehicle Description _____

License Plate Number _____

References: Three municipalities where you have recently solicited.

1. _____

2. _____

3. _____

I hereby certify the above information to be true and correct.

Signature

Date