

ADMINISTRATION
P: 724. 274. 4550
F: 724. 274. 9522
E: admin@harmartownship-pa.gov
W: www.harmartownship-pa.gov

HARMAR TOWNSHIP

701 Freeport Road
Cheswick, PA 15024 - 1208

APPLICATION FOR PERMIT FOR DOOR-TO-DOOR SALES AND THE SOLICITATION OF FUNDS

Name of Applicant: _____ Phone: _____

Motor Vehicle Driver's License: # _____ State: _____

Address of Applicant: _____

Date of Birth: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Motor Vehicle Information (vehicle to be used while in Harmar Township)

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

Have you ever been arrested? ☐ Yes ☐ No

If yes, please describe: _____

Arresting Law Enforcement Agency and Jurisdiction: _____

If Solicitation Permit is related to employment, please provide your Employer's information:

Employer/Company Name: _____

Employer's Address: _____

Employer's Phone: _____

Immediate Supervisor: _____

Purpose for door-to-door sales or solicitation: _____

Date(s) & Time of Day for Permit: _____

PA Criminal Background Checks must be submitted with this Application. Harmar Township can provide you with a form or you may complete your request on-line. Submission and fees are the responsibility of the Applicant.

The information provided in the above request is true and accurate to the best of my knowledge and I further agree to comply Harmar Township Ordinances 269 and 407.

Signature of Applicant

Date

Approved by

Date