

Slippery Rock Township

Butler County, Pennsylvania

SOLICITATION PERMIT/LICENSE

Name: _____ Date: _____
(person applying)

Address: _____ Fee: _____

Name of Employer: _____

Type of Goods Sold: _____

Length of time for license to be issued: _____

Make, Model & Year of Vehicle: _____

Owner's Name and License Plate Number: _____ State: _____

Driver's License No.: _____ State: _____

Number of Assistants (License required for each): _____

No person licensed as a peddler for the Slippery Rock Township shall engage in peddling at any time on Sunday, or any other day of the week before 9:00 a.m. or after 5:00 p.m.

I hereby acknowledge that the above information is true and correct, and that all applicable provisions of the Township of Slippery Rock ordinances shall be complied with.

Signature: _____

For township use only:

Issued by: _____ Solicitation Permit Number: _____

Date: _____

Doc/forms/solicitation permit