



Borough of Pottstown

Licensing & Inspections
100 East High Street
Pottstown, Pennsylvania
19464-9525

Email: LNIAdmin@pottstown.org
610-970-6520

SOLICITATION PERMIT APPLICATION

1. TYPE OF SOLICITATION ACTIVITY: Choose ONE

Refer to Fee Schedule for current fees

A. Flyer Distribution (fee: per person per day)

Area of distribution (Street/Block): _____

B. Door to Door Sample Merchant (example: utility/energy suppliers) (fee: per person)

C. Sales by vehicle (fee: per vehicle per year)

D. Sales without permanent residence or business in the Borough (fee: per day)

E. Sales at Semi-Permanent location (seasonal/temporary) (fee: per month)

Location Address* _____
*A letter of permission from the property owner must be submitted with this application

2. Describe Items or Type of Services Solicited/Sold:

Food Sales Requirement: Attach proof of a valid Certificate issued by the Montgomery County Health Dept.

3. Start Date: _____ End Date: _____

Permitted hours of solicitation: 9:00 a.m. - 7:00 p.m. Monday-Sunday Annual permits expire on Dec. 31st

4. Organization / Company Information:

Name: _____ Phone: _____

Address: _____

Website: _____

Check here if solicitation is on behalf of a religious, educational, charitable, or political organization. Application requirements still apply. Upon approval, fee will be waived.

4. Applicant: (Main Contact) Information:

Name: _____ Phone: _____

Address: _____

Email Address: _____

Signature: _____ Date _____

Applications with all required attachments may be submitted in person, by mail, or by email.

No such license or permit shall authorize or excuse any breach of law, or any trespass upon the rights of others, or render the Borough liable for any damage that may be committed or caused under color thereof. *Chapter 13; Part 3 §302*

Permits are subject to Revocation

Chapter 13; Part 3 §304

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

BOROUGH USE:

Approved - Fee \$_____

Denied

Licensing & Inspections: _____ Date: _____

AND/OR

Pottstown Police Dept.

Borough Manager

Revised 8/2022

List Name, DOB, and Social Security Number for EACH INDIVIDUAL soliciting with the group.

Each individual is required to submit:

- The attached Authorization for Criminal Records Check (page 4 of this application),
- A valid photo ID (Driver’s license, state ID, passport), and
- A current State run background check as explained on the last page of this application.
 - Go to: www.psp.state.pa.us
 - Follow the instructions on the website for *Criminal History Background Check*

Each person listed below must carry a copy of the Permit and their company ID while Soliciting.

Minors with religious, educational, or charitable organizations – provide only the name and date of birth on this page. A State run background and Criminal Records check is not required.

NAME	DATE OF BIRTH	SOCIAL SECURITY #

IN REFERENCE TO:

Name: _____ Birth Date: _____

Full Address: _____

Social Security Number: _____

BUSINESS AND/OR PERSON REQUESTING INFORMATION:

Company: Borough of Pottstown Phone: 610-970-6520

Address: 100 E High St, Pottstown, PA 19464

Person Requesting Information: Licensing & Inspections Dept

Purpose of Records Check: SOLICITATION/SALES PERMIT

AUTHORIZATION:

I hereby authorize the above-named Business/Person to do a Criminal Records Check on my background.

Signature (Electronic Signature is not permitted)

Date

DO NOT WRITE BELOW THIS LINE -- OFFICIAL USE ONLY

() No record of arrest with conviction.

() The following arrests and convictions:

DATE	CHARGES	DISPOSITION

Date: _____ Central Services Officer: _____