

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