

**Renovo Borough Council**

128 5<sup>th</sup> Street Renovo PA, 17764

Office Phone (570) 923-2612

Office Fax (570) 923-1577



**Solicitor Permit Application**

I, the undersigned, in accordance with the Renovo Borough Code, hereby make an application for a permit as indicated and affirm that the following information is true:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License No : \_\_\_\_\_ ( please provide photocopy)

Type & License No. of Vehicle you will be driving: \_\_\_\_\_

Have you ever been convicted of a felony: \_\_\_\_\_ ?

If yes complete the following:

Nature of Offense \_\_\_\_\_ Date of Offense \_\_\_\_\_

Employer Name, Address and Phone Number: \_\_\_\_\_

Permit Fee: 1 week-----\$ 5

1 month-----\$15

1 year-----\$25

Type of Business: \_\_\_\_\_

Length of time for permit: \_\_\_\_\_

Type of goods being sold: \_\_\_\_\_

Prohibited Acts: No person engaged in any transient retail business shall:

- A. Sell any product or type of product not mentioned in license.
- B. Hawk his wares upon any of the streets, alleys, sidewalks or public grounds in the Borough.
- C. When operating from a vehicle, stop or park such vehicle upon any of the streets or alleys in the Borough for longer than necessary in order to sell, therefrom to persons residing or working in the immediate vicinity.
- D. Park any vehicle upon any of the streets or alleys in the Borough for the purpose of sorting, rearranging or cleaning any of his goods, wares or merchandise or of disposing of any carton, wrapping material or of any stock or wares or foodstuffs which have become unsalable through handling, age or otherwise.
- E. Engage in any business activity prohibited in the Borough of Renovo by general or special law applicable thereto.
- F. Engage in any house-to-house activity, except by prior appointment, at any time on Sunday, or at any time before 9 am or after 7 pm of any day other than Sunday.**

Applicant Signature \_\_\_\_\_ Chief of Police Signature \_\_\_\_\_

Application Date \_\_\_\_\_

“This institution is an equal opportunity provider and employer.”