

**WHITAKER BOROUGH**  
124 Grant Avenue, Whitaker, PA 15120  
412-462-8940  
[whitakerpa@outlook.com](mailto:whitakerpa@outlook.com) (EMAIL)

**APPLICATION FOR SOLICITATION LICENSE**  
**Ordinance 1 of 2018**

***Please Print***

**APPLICANT'S INFORMATION**

Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

Business Local Address, if different: \_\_\_\_\_

Business Telephone No.: (      ) \_\_\_\_\_

Merchandise or Service: \_\_\_\_\_

Model, Make & Type of Vehicle, if any, to be used: \_\_\_\_\_

Vehicle License Info., if applicable:      State: \_\_\_\_\_ No.: \_\_\_\_\_

Driver's License Information:      A copy of the Applicant's driver's license or official identification must be submitted with the Application, along with the identification for each person engaging in activity within the Borough of Whitaker under this Application.

Dates of Solicitation:      Start: \_\_\_\_\_ End: \_\_\_\_\_

I certify that myself as the Applicant, or any person engaging in soliciting within the Borough of Whitaker through the Business, has never been convicted of any non-traffic related offense or any crime where the minimum punishment would have been in excess of one-year in jail.

Certification Signature: \_\_\_\_\_

If the Chief of Police or his/her designee deems it necessary or advisable to secure a background check it shall be done at the Applicant's expense. Refusal by the Applicant shall constitute, in and of itself, sufficient and valid grounds for refusal to issue such license.

The following fee must be paid prior to the issuance of the license, please check applicable box:

- ☐ \$35 per day
- ☐ \$200 per week
- ☐ \$600 per month

If the Application is approved the Borough Secretary will issue a license within 10 business days from the filing of the Application.

Signature of Applicant: \_\_\_\_\_

A copy of this information will be kept on file at the Borough Office and Police Department.

#### FOR BOROUGH USE ONLY

##### Borough Secretary Checklist:

Date Received: \_\_\_\_\_  
Date Checked for Completeness: \_\_\_\_\_  
Date Forwarded to Police Dept. for Review: \_\_\_\_\_  
Date License Issued: \_\_\_\_\_

##### Police Department Checklist:

Date Received: \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
If not Approved, Reason: \_\_\_\_\_  
Date Returned to Secretary: \_\_\_\_\_  
Signature of Chief/Officer: \_\_\_\_\_