



City of Meadville

Office of City Clerk

894 Diamond Park

Meadville, PA 16335

Phone: 814-724-6000

Fax: 814-333-3353

dcrowe@cityofmeadville.org

SOLICITOR PERMIT APPLICATION

Pursuant to Ordinance No. 3777 of 2019

PLEASE PRINT CLEARLY

Applicant's Full Name: _____

Alias/Maiden Name(s) (required for criminal background check): _____

Permanent Address: _____
Street City State Zip Code

Phone Number: _____ Applicant Email Address: _____

Address while Soliciting: _____
(if different from above) Street City State Zip Code

Date of Birth (required for criminal background check): _____

SS# (required for criminal background check): _____

M/F: _____ Race: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Have you ever been convicted of a felony, misdemeanor, or summary violation (other than traffic)? _____

If so, please explain the nature of offense(s): _____

Business/Organization Name: _____ Phone: _____

Business/Organization Address: _____
Street City State Zip Code

Description of Product or Service being solicited: _____

Period for which said permit is requested (circle one):

DAY (\$10)

WEEK (\$25)

MONTH (\$100)

YEAR (\$500)

Date Solicitation Activity is to begin: _____

Date Solicitation Activity is to end: _____

ALL LICENSES ARE VALID MONDAY – FRIDAY 9:00 A.M. TO 7:00 P.M. ONLY

NO SOLICITATION ON SATURDAYS & SUNDAYS

Please list up to the three (3) municipalities in which you were permitted to conduct solicitations in the last six (6) months:

1. _____ 2. _____ 3. _____

Vehicle Information:

Make: _____ Model: _____ Year: _____

Color: _____ Plate #: _____ State of Issue: _____

Name, address, and email address (if possible) of two references, not including family or current employer:

Reference #1:

Full Name: _____

Address: _____
Street City State Zip Code

Phone Number: _____ Reference Email Address: _____

Reference #2:

Full Name: _____

Address: _____
Street City State Zip Code

Phone Number: _____ Reference Email Address: _____

By submitting this application, I acknowledge that the information provided here is accurate and true to the best of my knowledge.

Applicant Signature: _____

Date of Application: _____

For Office Use Only

Approved: _____ Rejected: _____ Fee Paid: _____

If rejected, why: _____

Permit Issue Date: _____ Permit Expiration Date: _____

Signature: _____

Print Name & Title: _____