



Borough of Freemansburg

600 Monroe Street, Freemansburg, PA. 18017

Phone: (610)866-2220 Fax: (610)868-2402

Solicitation Permit Application

- * A permit must be obtained prior to soliciting.
- * Soliciting Permits are valid for 90 days from the date of issuance.
- * No more than three (3) permits will be issued to a Company or Individual in one (1) calendar year.
- * Hours of Soliciting: Monday - Saturday: 9:00 A.M. - Dusk | Sundays 12:00 P.M. - Dusk.

Applicant Information (Attach a Photocopy of Driver's License/ID)

Applicant Name: _____

Driver's License/ID Number: _____ State Issued: _____

Address: _____

Phone #: _____ Email Address: _____

Company Information

Company (If Applicable): _____

Address: _____

Phone #: _____ Email Address: _____

Solicitation Information

What type of product, service or information are you soliciting?

Note: If you are soliciting any utility under the jurisdiction of the Pennsylvania Public Utility Commission, your company must be listed as a licensed supplier on the PA PUC website.



List the name(s) and information for every person or representative that will be soliciting under this permit. Attach photocopies of Driver's License's / ID's. Use additional pages if necessary.

1. Name: _____

Driver's License/ID Number: _____ State Issued: _____

Address: _____

Phone #: _____ Email Address: _____

2. Name: _____

Driver's License/ID Number: _____ State Issued: _____

Address: _____

Phone #: _____ Email Address: _____

3. Name: _____

Driver's License/ID Number: _____ State Issued: _____

Address: _____

Phone #: _____ Email Address: _____

4. Name: _____

Driver's License/ID Number: _____ State Issued: _____

Address: _____

Phone #: _____ Email Address: _____

5. Name: _____

Driver's License/ID Number: _____ State Issued: _____

Address: _____

Phone #: _____ Email Address: _____

6. Name: _____

Driver's License/ID Number: _____ State Issued: _____

Address: _____

Phone #: _____ Email Address: _____



Certification

Applicant affirms that the facts set forth in this application and the attached documents are true and correct to the best of his or her knowledge and belief. This verification is made subject to the penalties of Section 4904 of the Pennsylvania Crimes Code (18 P.A. C.S. § 4904) relating to unsworn falsification to authorities.

Applicant Name

Signature

Date

Staff Use Only

Date Application Received: _____ Received By: _____

Is Application Complete: _____

Notes:

Permit No.: _____ Date Issued: _____

