

BOROUGH OF HARRISVILLE  
P.O. BOX 388  
HARRISVILLE, PA. 16038

PHONE: 724-735-2222

APPLICATION FOR SOLICITATION PERMIT

DATE OF APPLICATION \_\_\_\_\_

COMPANY OR BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

PRODUCTS BEING SOLD \_\_\_\_\_

SALES PERSON NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

VEHICLE/S INFORMATION:  
YEAR/MAKE/MODEL/COLOR \_\_\_\_\_

REGISTRATION # \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

PERIOD OF TIME PERMIT IS REQUESTED \_\_\_\_\_

FEE PAID \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_  
HARRISVILLE BORO SECRETARY