Leesport Borough

27 S. Canal Street
P.O. Box 710
Leesport, PA 19533
610-926-2115

SOLICITATION PERMIT

PERMIT NO:	

NAME OF PERSON REQUESTING THE PERMIT:			
ADDRESS:		**CITY:**	
STATE:		**ZIP CODE:**	
DOB:		**SS#:**	
CELL PHONE NO:			
COMPANY NAME:			
ADDRESS:			
STATE:		**ZIP CODE:**	
SUPERVISOR'S NAME:			
SUPERVISOR'S PHONE NO:			
TYPE OF MERCHANDISE BEING SOLICITED:			

REGULATIONS:

1. The person requesting the permit must provide a copy of each solicitor's government photo identification, e.g. driver's license, military ID
2. The person requesting the permit must provide a copy of each solicitor's current year's criminal history check
3. No soliciting on Sundays
4. Soliciting on Monday through Saturday from 9 AM-6 PM
5. The permit is valid only within the Borough of Leesport
6. The permit is valid only during the time period set forth below

PERMIT NO:	

In consideration of the sum of $ _____ _____

is granted permission to solicit with the Borough of Leesport from _____

To _____, between the hours of 9 AM and 6 PM, excluding Sundays, in

Accordance with all Borough Ordinances.

_____   _____
(Authorized Signature)   (Date)