

JERMYN POLICE DEPARTMENT
440 Jefferson Avenue
Jermyrn, Pennsylvania 18433
(570) 876-1330 Fax: 570-876-0706

APPLICATION FOR SOLICITATION PERMIT

Full Name: _____
Driver's License Number: _____ State: _____ Date of Birth: _____
Place of Birth: _____
Age: _____ Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
Address: _____
City: _____ State: _____ Zip: _____

Have you ever been arrested or convicted of a felony, misdemeanor or a crime of any kind Y/N
EMPLOYER/BUSINESS

Name of Business: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Cell: _____
Item soliciting: _____
Length of time Applicant wishes to solicit: _____

VEHICLE INFORMATION

Vehicle Registration: _____ State: _____

Provide Certificate of Insurance Coverage:

| MAKE | MODEL | YEAR | COLOR |
|------|-------|------|-------|
| | | | |

On behalf of the employer and in consideration of the issuance of such license or permit employer agrees to become liable and responsible for any and all acts of the solicitor while within the Borough, in violation of a law or otherwise.

EMPLOYER

EMPLOYEE