



CITY OF TITUSVILLE

APPLICATION FOR SOLICITOR'S LICENSE

To: City Treasurer
107 N Franklin St
Titusville, PA 16354
(814)827-5300 ext #304/305

Date Received _____

Application is hereby made for License to Solicit orders for books, periodicals, or any goods, wares, merchandise or services.

1. Name of Applicant or Firm _____
2. Business Address & Phone# _____
3. Area of Solicitation _____
4. Check whether business is: Incorporated____ Partnership____ Sole Proprietor____
5. If business is conducted by you individually or by a partnership under a fictitious name, give name of true owners and date of registration of business under Fictitious Names Act.

6. Kind of Business _____
8. Name of Owner or Manager _____
9. Phone # of owner or Manager _____
10. Current Criminal Background Clearances
-Attach copy of Act 34 Clearance or if you do not have a current clearance
-Authorize the Titusville Police Dept. to conduct a background check

IMPORTANT

License good for 1 year from date of issuance

This license is required under City Ordinance and must be obtained at least 10 days prior to conducting business.

Make Checks payable to:
City Treasurer

(Signature)

I certify the information to be true and correct and understand any fraud, misrepresentation or false statement contained in the application for the license; any fraud, misrepresentation or false statement in connection with the selling of goods, wares, or merchandise or service can result in the revocation of this license

(Print Name)

(Title of person making application)

(Address to which License is to be mailed)

11. Type of Advertising to be used _____

12. Length of time that you intend to conduct Business, FROM _____ to _____

13. Hours of Operation (Must be between 9am-6pm) _____

14. List other communities where you have conducted business: (Name, State, Year)

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

15. List Principle Owners or Officers of your company: (Names & Complete Address)

16. List employees working the business in Titusville-include DOB and Driver's License #

17. Please attach License Fee of One hundred dollars (\$100.00) annually.

APPROVED _____ DENIED _____
CHIEF OF POLICE

APPROVED _____ DENIED _____
CITY MANAGER

RECEIVED: _____
CITY TREASURER

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Signature of Applicant