

CITY OF NEW KENSINGTON
301 ELEVENTH STREET NEW KENSINGTON, PA 15068
APPLICATION FOR SOLICITORS LICENSE

Fee: \$15.00 PER PERSON / DAY

Make checks payable to "City of New Kensington"

PERSONAL DATA

FULL NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ CITY, ST, ZIP: _____

PHONE: _____ SEX: M F RACE: _____ HT: _____ WT: _____

DRIVER'S LICENSE NUMBER: _____ EXP. DATE: _____

**PHOTO IDENTIFICATION MUST ACCOMPANY APPLICATION

COMPANY REPRESENTING IN SOLICITATION

COMPANY NAME: _____ PHONE: _____

ADDRESS: _____ CITY, ST, ZIP: _____

SUPERVISOR: _____

DESCRIPTION OF SUBJECT MATTER SOLICITING: _____

STARTING DATE REQUESTED: _____ LENGTH OF TIME DESIRED: _____

(Not to exceed 30 days)

INFORMATION

Have you ever been convicted of a crime? (circle) YES NO

If yes, please explain: _____

I affirm to the above information to be true and correct. Violation of this ordinance can result in fines up to \$600 or 90 days imprisonment. Signed _____ Date _____

*****YOU MAY ONLY SOLICIT FROM 9 A.M. TIL DUSK*****

OFFICE USE ONLY

Approved by Chief of Police: _____

Approved by Code Officer: _____

Date Approved: _____ Number of Days: _____

Amt. Paid: _____ Cash__ Check # _____ Date Paid: _____