



**HOMESTEAD BOROUGH**  
**221 East Seventh Avenue**  
**Homestead, PA 15120**  
**Phone: (412) 461-1340 Fax: (412) 461-4057**

**APPLICATION FOR PEDDLING OR SOLICITING**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Local Address: (if different from home) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Physical Description: Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Application Signature

**ORGANIZATION INFORMATION (if applicable)**

Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

**DESCRIPTION OF SOLICITATION**

Please describe the nature of the canvass or solicitation or a description of the purpose or causes for which the canvass or solicitation is being made.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DATES AND VEHICLE INFORMATION**

Days or dates of canvassing: \_\_\_\_\_ Routes or list of streets involved with this application: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License No.: \_\_\_\_\_

**FEE SCHEDULE**

Daily Fee	\$55.00 per day	\$
Weekly Fee	\$155.00 per week	\$
Monthly Fee	\$425.00 per month	\$
Annual Fee (January 1 – December 31)	\$800.00 per year	\$
Scanning & Document Storage Fee		\$8.00
<b>TOTAL OF ALL FEES</b>		\$

**(DO NOT WRITE BELOW THIS LINE - BOROUGH USE ONLY)**

Additional information required to be submitted with application or provided by borough:

Proof of registration of PA sales/use tax:  Yes  No Proof of registration of Borough business taxes:  Yes  No  
 Photographs of each applicant approximately 2" x 2" in size, showing the head and shoulders:  Yes  No  
 Ordinance provided to applicant:  Yes  No No-visit list provided to applicant:  Yes  No

**Application accepted:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Building Code Official/Zoning Officer

**PERMIT NO.:** \_\_\_\_\_ **DATE ISSUED:** \_\_\_\_\_ **INVOICE NO.** \_\_\_\_\_ **CHECK NO.:** \_\_\_\_\_