

PLUM POLICE DEPARTMENT
4575 New Texas Road
Plum, PA 15239
412-795-6800
Fax: 412-793-5202

PERMIT TO SOLICIT APPLICATION

***NOTE: Applicant must answer all questions in detail and sign the application. Photo identification must accompany this application upon submission.**

Full Name: _____ Phone# _____

 Last First Middle Initial

Address: _____

 Street City State Zip

Date of Birth: ___/___/___ SS# ___-___-___ Driver License # _____ State: _____

Sex: M ___ F ___ Age: ___ Height: ___ Weight: ___ Hair Color: _____ Eye Color: _____

Race: _____

Business Name: _____

Business Address: _____

Location of Soliciting: _____

Type of Soliciting: _____

Charitable Organization: Yes ___ No ___ * **Must have copy of Grant of Exemption if "Yes".**

Vehicle Make: _____ Model: _____ Color: _____

Vehicle Registration: _____ State: _____

Have you, the applicant ever been cited, arrested, indicted, or convicted of any violation of law, including being issued a traffic or non-traffic citation? _____ If so, state each occasion & disposition.

I understand that providing false information or omitting information on this application shall be grounds for rejection of the application and could subject me to a \$300 fine for violating Plum Ordinance 814-09/815-09.

Signature: _____ Date: _____