

# SOUTH FAYETTE TOWNSHIP POLICE DEPARTMENT

515 Millers Run Road  
Morgan, PA 15064  
(412) 221-2170 (412) 221-6703 fax

## SOLICITATION PERMIT REQUEST

DATE:			
APPLICANT'S NAME:		PHONE #:	
APPLICANT ADDRESS:		STATE:	
DATE OF BIRTH:		SS #:	
DRIVERS LICENSE #:		STATE:	
COMPANY NAME:		PHONE #:	
COMPANY ADDRESS:		STATE:	
DESCRIPTION OF PRODUCT:			
START DATE:		END DATE:	
VEHICLE TO BE USED:	MAKE:	MODEL:	
	REGISTRATION #:		
OWNER: ADDRESS:			
HAVE YOU RECEIVED OTHER PERMIT APPROVALS (TOWNSHIP, BOROUGH) ( ) YES ( ) NO LIST:			
RESIDENCE DURING PERMIT PERIOD:			
PHONE #:			

I have familiarized myself with and hereby agree to comply with the solicitation ordinance of the township as well as to all Township rules, regulations and resolutions. I agree to pay the applicable fee.

Signature of Applicant: _____	Date:
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**NO PERMITTEE SHALL BE PERMITTED TO SOLICIT ON SUNDAY NOR BEFORE 8:30 am OR AFTER DUSK WEEKDAYS.**

**NO SOLICITATION IN THE FOLLOWING AREAS:**

- OLDE ORCHARD**
- SPRINGHOUSE**
- HICKORY ON THE GREEN**
- LAKEMONT**

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### FEE SCHEDULE:

DAILY	\$10.00
WEEKLY	\$30.00
MONTHLY	\$50.00
RENEWAL (CONSECUTIVE MONTHS & PER MONTH)	\$15.00

**For Township Use Only**.....

Date Received _____	Received by _____
Fee Paid _____	Check Number _____
PHOTO ID _____	Receipt # _____
Permit # _____	Return date _____