

**Soliciting Fee: \$100 for one week permit, \$400 for one month permit
Make Check payable to Glen Osborne Borough**

**GLEN OSBORNE
APPLICATION FOR A PERMIT
TO SOLICIT OR CANVASS**

NAME _____ DOB _____ SEX ___M___F___
ADDRESS _____ TELEPHONE () _____
CITY _____ STATE _____

(If 1 year or less — give addresses for past five years) Use reverse side if needed.

ADDRESS _____ TELEPHONE () _____
DRIVER'S LICENSE _____ STATE _____ SOCIAL SECURITY # _____
YOUR COMPANY'S NAME _____ DATE OF HIRE _____
ADDRESS _____ TELEPHONE () _____
CITY _____ STATE _____ ZIP _____
SUPERVISOR'S NAME _____ TELEPHONE () _____

TYPE OF SOLICITING OR CANVASSING YOU INTEND TO CONDUCT

IF EMPLOYED BY THIS COMPANY 1 YEAR OR LESS, LIST NAMES AND ADDRESSES OF EMPLOYER'S FOR PAST FIVE YEARS. IF A STUDENT, LIST HIGH SCHOOL OR COLLEGE ATTENDED.

COMPANY _____
ADDRESS _____ CITY _____ STATE _____
COMPANY _____
ADDRESS _____ CITY _____ STATE _____
TYPE OF VEHICLE: MAKE _____ COLOR _____
REGISTRATION _____ STATE _____ ZIP _____

FAILURE TO COMPLY WITH BOROUGH ORDINANCES OR FILING OF A FALSE APPLICATION WILL BE CAUSE TO REVOKE YOUR PERMIT.

SIGNATURE OF APPLICANT _____ SIGNATURE OF CHIEF OF POLICE OR HIS AGENT _____
DATE _____ DATE _____

USE REVERSE SIDE IF NEEDED

