

◆ WEST SADBURY TOWNSHIP ◆
6400 N. Moscow Rd. Parkesburg, PA 19365
Phone 610-857-5969 FAX 610-857-1415

APPLICATION FOR SOLICITATION PERMIT

DATE: _____

APPLICANT: _____

ADDRESS: _____

PHONE NUMBER: _____

AREAS OF SOLICITATION: _____

PROPOSED DATES: _____

YEAR, MAKE AND MODEL OF VEHICLE:

REGISTRATION PLATE NUMBER OF VEHICLE: _____

DESCRIPTION OF SOLICITATION (i.e., products offered for sale, type of business, etc.):

Applicant's Signature