

PORTAGE BOROUGH

721 Main Street

Portage PA 15946

Phone (814)736-4330

Fax (814)736-9639

SOLICITING APPLICATION

1. Name of Organization _____

Name of Individual _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

2. FID #/SS# _____ Date of birth _____

3. Drivers License # _____

4. Year, Make & Model, plate number of Vehicle(s)

5. Type of Service(s) _____

6. License valid from _____ to _____

7. Criminal History Report _____

A registration fee of \$25.00 must accompany this application.

Please allow 5 business days for application processing.

Permit Number _____

Approved on _____

Approved by Borough Secretary

Applicant Signature

Approved by Borough Manager

Date