

# BOROUGH OF SAXONBURG

420 West Main Street  
 Saxonburg, PA 16056  
 Phone: 724-352-1400  
 Fax: 724-352-8820  
 www.saxonburgpa.com



## Solicitation Permit Application 2024

Please use this form for all activities below taking place within the limits of Saxonburg Borough:

- Vendors selling items or foods
- Solicitors handing out information and/or going door-to-door
- Non-profits selling items or handing out information or asking for sign-ups/donations

Please allow 48 hours for processing from the time received. You will need an Approval Confirmation prior to selling.

Name:		Company Name (if applicable):	
Email:			
Company or Home Address:		Phone:	
Make & Year of Vehicle Used:		Driver's License No. & State of Issuance:	
License Plate No.:		Vending Location*:	
Vending Times:	*If you are selling in front of an existing business, please have the business owner send written permission to <a href="mailto:secretary@saxonburgpa.com">secretary@saxonburgpa.com</a> .		

Date(s) of Permit:	
Type of Goods to be Sold/Information Handed Out:	

Food Vendors: PA Ag No. or Allegheny Co. No.:		Insurance Certificate Holder No.:	
--	--	-----------------------------------	--

**I hereby authorize Saxonburg Borough Police Department to perform a search for any and all criminal history about myself, for purposes of issuing this permit.**

\_\_\_\_\_ Date \_\_\_\_\_ Applicant Signature

***Please include the Permit Fee of \$20 (per day) with this application via Cash or Check made payable to "Saxonburg Borough"***

**For Borough Use:** Received Date: \_\_\_\_\_ Date provided to Saxonburg Police Department  
 Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Initialed \_\_\_\_\_  
 Approved by (name and title): \_\_\_\_\_ Date \_\_\_\_\_