

BOROUGH OF SAXONBURG

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



Solicitation Permit Application 2025

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.

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|------------------------------|--|---|--|
| 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 secretary@saxonburgpa.com . | | |

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|--|--|
| 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 _____