



**Borough of Forest Hills**  
**4400 Greensburg Pike**  
**Pittsburgh PA 15221**  
**Office: 412-351-7330**  
**Fax: 412-351-7337**  
**www.foresthillspa.org**

**Solicitation Permit Application** Governed by Borough Ordinance No.956 Code §13-201--§13-205.

To be filed in duplicate at least three business days before the first day of proposed solicitation with a check or money order made payable to the Borough of Forest Hills for \$25.00 per week (2008 rate).

<b>Organization—Headquarters (National) Information (if applicable):</b>			
Full name:			
Legal Address:			
	City:	State:	Zip:
Contact person:			
Telephone:			
Form of organization (e.g. 501(c)(3), etc.:			

<b>Organization—Local Information (if applicable):</b>			
Full name:			
Legal Address:			
	City:	State:	Zip:
Contact person:			
Telephone:			
Form of organization (e.g. 501(c)(3), etc.:			

<b>Solicitation—General description (How solicitation will be conducted):</b>	
<b>Purpose of solicitation:</b>	
Date of Solicitation—from:	
to:	
Times:	

<b>Applicant—Information:</b> A valid copy of state or county license must be provided				
Full name:			Nickname and/or alias:	
Present Address:				
Permanent Address:				
Drivers License Number:			State Issued:	
Telephone:			Cell:	
General Description:	Sex:	M	F	Height: _____ ft _____ in
	Hair Color:		Eye Color:	
Has applicant (and/or any person participating in the solicitation) ever been convicted of engaging in fraudulent transaction(s) or enterprise(s), felony, or other criminal offense involving moral turpitude? (circle one) YES NO				
If Yes, please supply the following information (attach additional sheets if necessary)				
	Name of person convicted			
	Crime(s) for which convicted			
	Date(s) of conviction		Location of Crime:	

<b>For each motor vehicle to be used please supply the following information:</b>				
	Make:			
	Model:			
	Color:			
	License Number:		State:	

<b>VERIFICATION:</b>	
I verify that the statements made in this License Application-Charitable solicitation are true and correct to the best of my knowledge or information and belief. I understand that false statements herein are subject to the penalties of 18 PA. C.S. §4904 relating to unsworn falsification to authorities.	
<b>Signature of—Individual Applicant:</b>	
<b>OR</b> Officer:	
Rep of (name of organization):	
Date:	

<b>OFFICE USE ONLY:</b>		
License Application:	APPROVED	DISAPPROVED
License number issued:		
Approved by:		Date: