



City of New Castle Police Department

303 East North Street
New Castle, Pennsylvania 16101-3687
724.656.3570

SOLICITATION PERMIT APPLICATION

APPLICATION REQUEST FOR: DAY WEEK MONTH YEAR

DATES REQUESTED: FROM _____ TO _____

BUSINESS NAME _____ TYPE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

APPLICANT NAME _____ DOB _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NO. _____ DRIVERS LICENSE NO. _____ STATE _____

NOTICE: By signing below, the applicant authorizes the City of New Castle to conduct a background check on the applicant. The City of New Castle reserves the right to refuse any person or business a solicitation permit based on the background check results. The City of New Castle may also terminate this permit at any time during its life if the person(s) soliciting violate any of the provisions of the City Ordinances regarding the rules of solicitation or if the City of New Castle receives valid complaints against said solicitor(s).

SIGNED _____ DATE _____

APPROVED FOR DATES FROM _____ TO _____

DISAPPROVED

CHIEF OF POLICE

DATE