

BOROUGH OF RED HILL

56 West Fourth Street Red Hill, PA 18076 P: 215-679-2040 - F: 215-679-0527 www.redhillborough.org

SOLICITING/VENDOR PERMIT APPLICATION

Solicitation Permit is only good for the day(s) specified between the hours of 10:00 AM-7:00PM A Valid Solicitation Permit must be produced upon request

Date:	
Name of Applicant:	
Business Name:	
EIN or Social Security Number:	
Phone Number;	
Address:	<u></u>
Type of Business:	<u></u>
Food Product Vending:*YES* /	_NO
*IF YES, please provide your Montgomery County Dep	eartment of Health License Number:
Please lists the date(s) that you will be soliciting in the b	oorough:
I hereby certify that the information contained in this applica	tion is true and correct to the best of my knowledge.
Signature: Printed Name:	Date:
THERE IS NO SOICITING POLICY ENFORCE ON THE FOLLOWING AREAS: Preston Court Area: Asbury Dr., Avondale Dr., Carrington Dr., Courtside Dr., Hillcourt Dr., Newcastle Dr., Riverside Dr., Thorndale Dr., Vanguard Dr., and Watercrest Dr.	
OFFICIAL USE ONLY PAYMENT INFO	
Date:	Permit Number:
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