

BOROUGH OF TRAFFORD
SOLICITATION APPLICATION
(Photo identification is required)

Name: _____ Date of Birth: _____

Phone Number: _____

Home Address: _____

Driver's License Number: _____ State: _____

Nature of Activity: _____

Description of Merchandise (if applicable): _____

If Employed, Name and Address of Employer: _____

Permit Dates Requested: _____

State whether you have been convicted of any felony, misdemeanor, or violation of municipal ordinance:

Signature: _____ Date: _____

Omission of any information will result in denial of a permit.
A background check will be conducted upon submission of the application.

Please allow three business days for processing.

Borough of Trafford
414 Brinton Avenue | P.O. Box 196 | Trafford, PA 15085
Phone: (412) 372-7652 | Fax: (412) 372-7654