



City of Johnstown Solicitors License Registration Form

Welcome to the City of Johnstown. The City takes the health and welfare of our residents and visitors very seriously. The issuance of a Solicitors License insures the safety and quality of the food, beverage, and/or merchandise provided, and the individuals providing the services. Providing said services, for profit or non-profit, in the City of Johnstown is illegal without appropriate licenses. **This license applies to those soliciting door-to-door.** In addition to the guidelines on your specific application, please note the following in regards to your Solicitors License:

- A \$100.00 late fee is applied to anyone not submitting an application at least seven (7) working days before the start date on the Registration Form.
- This license is specific to the time frame indicated on the Registration Form.
- Solicitors Licenses are not transferable and are non-refundable.
- All licenses are subject to suspension and/or revocation for failure to follow all local, state, and/or federal laws and guidelines.
- Solicitors are required to wear, at all time, a photo identification badge provided by your employer. The badge is required to be worn in a conspicuous area and must include Solicitor Name, Business Name, and a photo.
- Solicitation shall occur between 9 am and 6 pm.

Please provide the following information/attachments along with the completed registration form:

- Completed registration form and check for applicable license fee(s).
- Criminal Background Check Report: epatch.state.pa.us (the website has a \$10.00 fee for each generated report) for each person who will be soliciting. If you are not from Pennsylvania, you will need to provide the Criminal Background Check Report from your applicable state.
- A detailed listing of proposed items to be solicited.

Please review the enclosure, provide all applicable information and return with appropriate payment. You will be notified within 5 – 10 business days of submission of the status of your application. Feel free to contact the City at 814.533.2017 with any questions or concerns you may have.

Return completed registration form with payment and applicable attachments to:

**City of Johnstown
401 Main Street, Room 200
Johnstown, PA 15901**



City of Johnstown
Solicitors License Registration Form

A Solicitors License is required for all door-to-door solicitors in the City of Johnstown. You are required to have a license for each business that is soliciting in the City of Johnstown. Each Solicitor must wear a photo identification badge at all times in a conspicuous area.

1. Solicitation Information

Solicitation Location(s): Solicitation Date(s):

2. General Information

Business Name:

Soc. Sec. # or Federal ID #: Mercantile Tax ID #:

Business Address:

Mailing Address (if different than above):

Business Phone: Cell Phone: Fax:

Type of Organization: Sole Proprietorship Partnership Corporation

Association Fiduciary *Date Incorporated:

Nature of Business: Food/Beverage Retail Service *State:

Owner's Name:

Owner's Address (if different than above):

Owner's Phone: Cell Phone: E-Mail:

3. Name of Person Managing Solicitors

Name:

Address:

Soc. Sec. # D.O.B.:

Weight: Height: Eye Color: Male Female

Have you ever been convicted of a felony and/or misdemeanor? No Yes

If yes, explain:

4. Name of Person(s) Soliciting:

Criminal Background checks are required for each person who will be soliciting in the City of Johnstown. You must complete the background check through epatch.state.pa.us (the website has a \$10.00 fee that applies for each person) or applicable State Police Background Check.

4. License Fees: Daily License: Number of Days: X \$20.00 per day = \$ Amount Due
Monthly License**: \$100.00
Subject to meet all applicable requirements and monthly renewal(s)

Annual License: \$500.00

Checks or Money Orders to be made payable to: City of Johnstown. If you are paying via Credit Card, an invoice will be sent to the e-mail address provided above within 48 hours of approval.

I, verify that the statements made in the foregoing application are true and correct and to the best of my knowledge, information, and belief. I understand that false statements herein made are subject to the penalties of 18PA C.S. 4906 relating to false reports to Law Enforcement Authorities.

Name & Title: Date:

Signature:

Return completed Registration Form with payment and applicable attachments to: City of Johnstown
401 Main Street, Room 200
Johnstown, PA 15901

Approved Denied

Signature Date

Title