



**BOROUGH OF CLARKS SUMMIT  
CODE ENFORCEMENT DEPARTMENT**

304 SOUTH STATE STREET  
CLARKS SUMMIT PA 18411-1592  
PH 570-585-4811/FX 570-586-3024/[cscodofficer@gmail.com](mailto:cscodofficer@gmail.com)  
[www.clarkssummitboro.org](http://www.clarkssummitboro.org)

Full Legal Name of Person Making Application \_\_\_\_\_

Full Permanent Address of the Applicant \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

List all previous convictions of criminal offenses: \_\_\_\_\_

Description of motor vehicle to be used \_\_\_\_\_

License Plate Number \_\_\_\_\_ Name of Registered Owner \_\_\_\_\_

List a complete and accurate description of the nature, type, and location of activity to be conducted  
INCLUDING procedures and methods to be used in contacting persons \_\_\_\_\_

Full name and address of the company that you are representing \_\_\_\_\_

Product or Service being sold \_\_\_\_\_

List the day/days of activity \_\_\_\_\_

List the hours during which soliciting will occur \_\_\_\_\_

List the length of time for which license is being requested \_\_\_\_\_

I certify that the above is true and correct

(Signature) \_\_\_\_\_ Date \_\_\_\_\_



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**NOTE: Signatures of BOTH Police Department AND Borough Manager are required.**

Step 1: TO BE COMPLETED BY CLARKS SUMMIT POLICE DEPARTMENT:

Date Received by Police Department \_\_\_\_\_

Previous convictions? \_\_\_\_\_ Confirmed applicant doing business from address listed? \_\_\_\_\_

Chief of Police/Police Representative: (Signature) \_\_\_\_\_

Circle ONE: APPROVED DENIED due to \_\_\_\_\_ Previous felony conviction;  
\_\_\_\_\_ False information given; \_\_\_\_\_ Violated terms of this Ordinance within one year prior to  
application

Step 2: TO BE COMPLETED BY CLARKS SUMMIT BOROUGH MANAGER

Date Received from Police Department \_\_\_\_\_

Circle ONE: Approved Denied

Borough Manager/Representative (Signature) \_\_\_\_\_

Date \_\_\_\_\_

FEES COLLECTED: \_\_\_\_\_ One Day \$10.00 \_\_\_\_\_ One Week \$25.00 \_\_\_\_\_ One Month \$100.00  
(Each additional week in excess of four (4) weeks is \$30.00)

\_\_\_\_\_ Check if license is for charitable, religious or educational organization, farmers selling  
their own produce, business which is a manufacturer or producer of bread/bakery products, meat/meat  
products, milk/milk products, or business whose sole owner is a PA resident and is a disabled military  
service veteran. No fee required.