

**Windsor Borough Municipal Office  
2 E Main St  
PO Box 190  
Windsor PA 17366  
717-244-6615**

**Solicitation Application License**

Company Name, Address & Phone Number:

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Applicant's Name, Address & Phone Number:

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- *Separate Solicitation License Application is required for each person*
- *Please provide Driver's License/ID Card and Business Card, Brochure or Company Info*

Has Applicant Been Convicted of a Crime? If Yes, please provide details  
(Charges, Date & Location):

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Vehicle Information:

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Type of Service/Product:

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**License Fee:**

1 Day - \$5  
1 Week - \$10  
1 Month - \$25  
1 Year - \$100

- Hours of Operation: 9:00 am to 6:00 pm

Approved: \_\_\_\_\_  
\_\_\_\_\_

Date:

Permit Number: \_\_\_\_\_