



**SOLICITATION
HOURS OF OPERATION**

**MONDAY-SATURDAY
9AM - 8PM OR SUNSET*
*WHICHEVER COMES
FIRST**

NO SUNDAY SOLICITATION

**PERKIOMEN TOWNSHIP
SOLICITATION PERMIT APPLICATION**

This application must be completed in its entirety by each individual solicitor. If there are sections that do not apply, then insert "N/A" in that section. All applicants need to supply the vehicle information in which they will be a passenger/ driver. A current 2 inch x 2 inch photograph showing the applicant from the shoulders to the top of their head (front view) **AND** a copy of your driver's license shall be attached to this application (no blurred photographs or copies). A current criminal history (Criminal Record Check) from the applicant's home state shall be provided by the applicant with this application. **If the directions are not followed or writing is illegable, the application shall be returned.** A minimum of five (5) business days are needed for the approval process. Soliciting shall not commence until this application is approved by Perkiomen Township.

APPLICANT (For Township Background Check)						
Name (First, Middle, Last, Suffix):						
Maiden Name and/or Aliases:						
Address:						
City, State, Zip:						
Home Phone Number:						
Cell Phone Number:						
Birthdate (MM/DD/YYYY):						
Social Security Number (### - ## - ####):						
Drivers License # and State of Issue:						
Sex:	Height:	Weight:	Hair Color:	Eye Color:	Race:	

Attach
Photo
Here

VEHICLE INFORMATION	
Year:	Make: Model:
License Plate #	State of Issue:
Owner(s) Name:	
Owner(s) Address:	
City, State, Zip:	

EMPLOYER INFORMATION	
Business Name:	Supervisor's Name:
Business Address:	
City, State, Zip:	
Business Phone Number:	
Description of business or goods to be sold:	

CRIMINAL HISTORY (If none, state "None")
FELONY OR MISDEMEANOR CONVICTIONS (OTHER THAN TRAFFIC VIOLATIONS):

APPLICANT SIGNATURE

I HEREBY CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE PERKIOMEN TOWNSHIP TO INVESTIGATE ANY OR ALL INFORMATION ON THIS APPLICATION. I UNDERSTAND THAT A CRIMINAL BACKGROUND CHECK ISSUED BY MY HOME STATE WAS PERFORMED AT MY EXPENSE AND THE RESULTS ARE ATTACHED HERETO. I ALSO UNDERSTAND THAT IF I KNOWINGLY MADE ANY FALSE STATEMENT HEREIN, I AM SUBJECT TO PENALTIES PRESCRIBED BY LAW.

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____

TOWNSHIP USE ONLY

Application Filled Out Completely and Legible: _____

Photograph Attached that complies with directions: _____

Criminal Background attached from Home State: _____

Approved: _____ Date: _____

Disapproved: _____ Date: _____

Date Issued: _____

Expiration Date: _____

APPROVED PERMIT MUST BE CARRIED WHILE SOLICITING