



# LOWER PROVIDENCE TOWNSHIP POLICE DEPARTMENT

100 Parklane Drive • Eagleville, PA 19403 • [www.lowerprovidence.org](http://www.lowerprovidence.org)  
Phone: 610-539-5901 • Fax: 610-630-2219



Stanley M. Turtle, Chief of Police

## PEDDLING AND SOLICITING PERMIT – CHAPTER #108

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. A current 2"x2" photograph showing the applicant from the shoulders to the top of their head (front view) must be attached to this application (no blurred photographs or copies). A current criminal history from the applicant's home state must be provided by the applicant at the time of registration. If the directions are not followed the application(s) shall be returned. Up to five business days are needed for the approval process. Soliciting shall not commence until the permit has been approved.

### HOURS OF OPERATION

Monday thru Saturday – 9:00 a.m. – either 8 p.m. or sunset, whichever occurs first.  
Sunday – No soliciting at any time

Attach  
Photo  
Here

Date of Application \_\_\_\_\_ Signature \_\_\_\_\_

### APPLICANT INFORMATION (Please Print):

Name \_\_\_\_\_ Soc.Sec.No. \_\_\_\_\_ Birthdate \_\_\_\_\_  
Home Address \_\_\_\_\_  
Local Address \_\_\_\_\_  
D.L.# and State \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

### VEHICLE INFORMATION:

Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

### EMPLOYER INFORMATION:

NON-PROFIT ORGANIZATION: *circle* YES NO

Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Description of business or goods to be sold \_\_\_\_\_

### CRIMINAL HISTORY:

Arrests (other than traffic violations) \_\_\_\_\_  
\_\_\_\_\_

***Failure to accurately complete this form may be cause for rejection of this application.***

#### Office Use Only

NCIC/CLEAN Response \_\_\_\_\_

Issue Date \_\_\_\_\_

Expires \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED PERMIT MUST BE CARRIED WHILE SOLICITING**