TOWNSHIP of UPPER SAUCON

5500 Camp Meeting Road, Center Valley, PA 18034 Phone: 610-282-1171

APPLICATION FOR PEDDLING AND SOLICITING LICENSE

Application is hereby made for a Peddling and Soliciting License to engage in door-to-door sales and solicitations in Upper Saucon Township pursuant to Ordinance No. 160. Incomplete Applications will not be processed.

Date of Application:		<u> </u>		
Application is made on behalf of: (o☐ Self ☐ For-Profit Business / C☐	-	□Non-Profit Association / Organization	□ Other	(Dlanas Caratta)
Applicant Information:				(Please Specify)
Name of Applicant				
All other names under which Applic	cant condu	icts business		
Temporary Address				
Street		City	State	Zip Code
Permanent AddressStreet		City	State	Zip Code
Business Address		3.4		
Street		City	State	Zip Code
Address for service or				
receipt of notices		O.		
Street (A nos	st office he	City ox is not acceptable for any required addre	State	Zip Code
		Email Address	=	
Person responsible for supervising	solicitatio	on activities on behalf of Applicant:		
Last Name_		First Name		MI
Temporary Address				
Street		City	State	Zip Code
Permanent Address		City	Ctata	7in Codo
Street (A nos	st office ho	οχ is not acceptable for any required addre	State	Zip Code
· ·		Phone # Email	•	
Vehicle Information:				
Year, make, model, color, license pl	late numbe	er of vehicle(s) used:		
		3		

If more space is needed to record additional vehicles, please use a separate sheet of paper.

Nature of Solicitation / Peddlin	g Activity:		
Description and location of prop	oosed solicitation or peddling	g activity	
Type of goods, wares, services of			
Are you engaging in fund raising	activities on behalf of a cha	ritable or non-profit orgar	
Dates and times of solicitation of	or peddling activity		
*Solicitation activities a Monday through Sature	re prohibited on Sundays, le	gal holidays and between	the hours of 9:00 pm and 8:00 am
Please provide a list of all indivineeded, a separate sheet of page		/ peddling activities unde	er this application. If more space is
Name (Last, First, MI) Home	e Address	Date of Birth	Driver's License (State & Number
-			
	in solicitation activities unde tion to the Township for insp		ovide a lawful driver's license or
<u>Criminal History:</u>			
List convictions (other than traf activities under this application		ffenses) for all persons en	gaging in solicitation / peddling
Person's Name	Offense	Date	Place of Conviction

^{*}Applicant must provide a criminal history background check for each person engaging in solicitation / peddling activities under this application. Background check must be from the person's state of residence and domicile (if different from residence) and dated within the 30 days prior to filing this Application.

I verify that I am authorized to execute this application on behalf of the Applicant named herein, and that the statements made herein are true and correct to the best of my knowledge, information and belief. I understand that any false statements made herein are subject to penalty of 18 PA. C.S.A. §4904, relating to unsworn falsification to authorities. I understand and agree that submission of false information may constitute grounds for revocation or denial of a License to engage in door-to-door solicitation activities in Upper Saucon Township. I acknowledge that I have read and agree to comply with Township Ordinance No. 160.

Date	Signature of Applicant or Applicant's Representative Print Name				
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TO BE COMPLETED BY TOWNSHIP:					
Date Received	Permit No				
License Fee	Amount Received				
Approval	Reviewed By	Date			
\square Administrative Asst. (Completeness Rev	/iew)				
☐ Police Department					
☐ Zoning Office					
☐ Township Manager					
Approved Denied					
Conditions of approval					
Permit issued by	Title	Date			
Signature of Twp. Official issuing License_					
Applicant notification (date and method)_					