

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: _____

Application is made on behalf of: (check one)

Self For-Profit Business / Company Non-Profit Association / Organization Other _____
(Please Specify)

Applicant Information:

Name of Applicant _____

All other names under which Applicant conducts business _____

Temporary Address _____

Street City State Zip Code

Permanent Address _____

Street City State Zip Code

Business Address _____

Street City State Zip Code

Address for service or receipt of notices _____

Street City State Zip Code

(A post office box is not acceptable for any required address)

Telephone # _____ Email Address _____

Person responsible for supervising solicitation activities on behalf of Applicant:

Last Name _____ First Name _____ MI _____

Temporary Address _____

Street City State Zip Code

Permanent Address _____

Street City State Zip Code

(A post office box is not acceptable for any required address)

Telephone # _____ Cell Phone # _____ Email _____

Vehicle Information:

Year, make, model, color, license plate number of vehicle(s) used:

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

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

TO BE COMPLETED BY TOWNSHIP:

Date Received _____

Permit No. _____

License Fee _____

Amount Received _____

Approval

- Administrative Asst. (Completeness Review)
- Police Department
- Zoning Office
- Township Manager

Reviewed By

Date

_____	_____
_____	_____
_____	_____

Approved _____

Denied _____

Conditions of approval

Permit issued by _____ Title _____ Date _____

Signature of Twp. Official issuing License _____

Applicant notification (date and method) _____