

**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 (business name): \_\_\_\_\_  
(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 and state of vehicle(s) used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Nature of Solicitation / Peddling Activity:**

Description and location of proposed solicitation or peddling activity \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of goods, wares, services or merchandise \_\_\_\_\_

Are you engaging in fund raising activities on behalf of a charitable or non-profit organization? \_\_\_\_ Yes \_\_\_\_ No  
\*If you answered "yes" to the question above, please provide documentation of your organization's charitable or non-profit status.

Dates and times of solicitation or peddling activity \_\_\_\_\_  
\*Solicitation activities are prohibited on Sundays, legal holidays and between the hours of 9:00 pm and 8:00 am Monday through Saturday.

Please provide a list of all individuals engaging in solicitation / peddling activities under this application. If more space is needed, a separate sheet of paper may be used.

Name (Last, First, MI)	Home Address	Date of Birth	Driver's License (State & Number)

\*Each person engaging in solicitation activities under this application must provide a lawful driver's license or other form of identification to the Township for inspection and photocopying.

**Criminal History:**

List convictions (other than traffic violations and summary offenses) for all persons engaging in solicitation / peddling activities under this application.

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

**TO BE COMPLETED BY TOWNSHIP:**

Date Received \_\_\_\_\_  
License Fee \_\_\_\_\_

Permit No. \_\_\_\_\_  
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) \_\_\_\_\_