



UPPER UWCHLAN TOWNSHIP POLICE DEPARTMENT

SOLICITOR'S PERMIT APPLICATION

The Township of Upper Uwchlan wishes to protect residents from fraud and crime while promoting the safety and privacy of residents by reasonably limiting hours of solicitation and requiring permits to conduct this type of activity within the Township. As a result, those who wish to solicit within the Township of Upper Uwchlan are required to obtain a permit prior to conducting any solicitation activity. After examination of the applicant and his/her application and, where necessary, after verification of the references or other means deemed, the Upper Uwchlan Township Police Department may issue to the applicant the required certification.

The failure to include the following items with the application will result in the application not to be processed.

1. A copy of the driver's license of the applicant and each employee soliciting.
2. For each applicant and employee, a Pennsylvania State Police Request for Criminal Record Check, Form SP4-164, that has been submitted to the Pennsylvania State Police and the results of this check are indicated on the form.
3. FBI Background Check.
4. Non-Profit Organizations shall provide a copy of their certification verifying their status.
5. Food sales will require copies of approved Health Department permits
6. After approval of the permit. Each employee soliciting will be required to come into the Police Department to obtain a Photo ID Badge for Soliciting.

BUSINESS INFORMATION

Name of Business

Address of Business

Telephone Number

Sales Tax Number/Charitable Exemption Tax Number

Nature of Business/Activity to be conducted (door to door, stationary, sell from vehicle)

Product/Services to be solicited

APPLICANT INFORMATION

Name of Applicant

Date of Application

Applicant's Address

DOB

SSN

State/Driver's License No.

Company Position/Title

Contact Telephone Number

SOLICITATION ACTIVITY

Date(s)

Beginning Time

Ending Time

Location(s)

VEHICLE INFORMATION (use reverse side of application for additional vehicles)**Vehicle 1**

Year	Make	Model	Color	License Plate	State
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Vehicle Owner	Insurance Company	Policy Number
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Vehicle 2

Year	Make	Model	Color	License Plate	State
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Vehicle Owner	Insurance Company	Policy Number
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EMPLOYEE INFORMATION (use reverse side of application for additional employees)

List the names and addresses of all affiliated persons/organizations, who will be working on behalf of the applicant or company.

First Name:	Last Name:	DOB:	
Address:	City:	State:	Zip:

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FEES

Application: Twenty Five Dollars (non-refundable)	\$25.00
Permit : One Hundred Twenty Five Dollars	\$125.00
ID Cards : Twenty per card	\$20.00

APPLICANT VERIFICATION

I hereby certify that the information in this application is true and correct. I further certify that I have read and understand all of the requirements and regulations of the Solicitation Ordinance. I hereby release Upper Uwchlan Township and its designees from any actions committed by the business and their employees listed on this application. I hereby give the Upper Uwchlan Township Police Department the right to conduct a full background check on myself, the business and the employees listed on this application. I release, indemnify and hold harmless Upper Uwchlan Township, its officials, officers and employees from and against any and all liability. This might result from conducting such an investigation. Furthermore, I accept the responsibility of all actions committed by my employees and my organization.

Print Name: _____

Signature: _____

Date of Application: _____

OFFICIAL USE ONLY-DO NOT WRITE BELOW THIS LINE

Date Received _____ Fee Received _____

Permit Number _____ Date Permit Issued _____ Date Permit Expires _____

Approved By _____ Date of Approval _____

Employee Name	Date Badge Issued