



UPPER UWCHLAN TOWNSHIP
POLICE DEPARTMENT

SOLICITORS 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 _____

Vehicle Owner _____ Insurance Company _____ Policy Number _____

Vehicle 2

Year _____ Make _____ Model _____ Color _____ License Plate _____ State _____

Vehicle Owner _____ Insurance Company _____ Policy Number _____

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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