



Township of Upper Pottsgrove

MONTGOMERY COUNTY, PENNSYLVANIA

1409 Farmington Avenue Pottstown, PA 19464
Phone: 610-323-8675 Fax: 610-327-1967

SOLICITOR'S PERMIT APPLICATION

Please attach your Criminal History Record Check Report

APPLICANT MUST PRESENT A VALID DRIVERS LICENSE OR OTHER PHOTO ID AT TIME OF APPLICATION.

NAME; (First) (MI) (Last)

ADDRESS:

HOME PHONE:; CELL:; WORK:; Email:

LOCAL ADDRESS:

DRIVERS LIC# STATE ISSUED; EXP DATE;

DATE of BIRTH: HAIR COLOR EYES SEX; HEIGHT: WEIGHT:

HAVE YOU EVER BEEN ARRESTED OR CONVICTED? IF YES, LIST EVERY INCIDENT AND

WHEN, WHERE, FOR WHAT:

PERSONAL REFERENCE :

NAME, ADDRESS AND PHONE of ORGANIZATION REPRESENTED:

SUPERVISOR'S NAME AND PHONE #

NATURE OF BUSINESS OR ACTIVITY:

FEE: FOR THE PERIOD OF ONE MONTH, \$50.00 EACH PERSON; FOR THE PERIOD OF ONE YEAR, \$500.00 EACH PERSON

By signing below, the applicant understands and agrees that;

1. The permit can be issued only for a period of one (1) month or one (1) year from the date of issuance and at the end of one (1) month or one (1) year from date of issue, the permit must be reissued, and an additional fee paid.
2. Permit can be issued only for purpose shown above and if applicant wishes to solicit for another purpose, a new application must be made.
3. Permit can be revoked at any time for just cause at the discretion of the Chief of Police.
4. PERMIT MUST BE SHOWN TO ANY PERSON APPROACHED, UPON REQUEST, OR ANY POLICE OFFICER.
5. Persons misusing permit will be subject to a fine of not less than \$10.00 or more than \$100.00, together with costs of prosecution, or, in default thereof, shall suffer imprisonment not to exceed thirty (30) days in the County Prison.

Under Penalty of Law

I, _____, as applicant, do certify that the facts set forth in this application are true and correct to the best of my knowledge or information and belief. This certification is made subject to penalties of Section 4904 of the Pennsylvania Crimes Code (a8.C.S.4904), relating to unsworn falsification to authorities.

Authorization to Obtain Information

I, _____, hereby authorize the Upper Pottsgrove Township Police Dept., or any person acting on their behalf, to investigate and ascertain any and all information concerning my background and that of the business or organization I represent, as to character, criminal background, or other pertinent information which would help in determining eligibility for said permit. I understand that such information may be obtained from any person, document, or other source, and I hereby expressly authorize the release of any such information and/or document.

SIGNATURE OF APPLICANT: DATE:

ISSUED FOR:/...../.....-...../...../..... PERMIT GRANTED BY : PERMIT NO.....