

Doylestown Township Solicitor Application

(PLEASE PRINT)

DATE:

Last Name	First Name	MI	
Address			
City	ST	ZIP	
Home Phone	Cell #		
Date of Birth	Sex	SS#	Race
Height	Weight	Eyes	Hair
Place of Birth			

Driver's License #	St	Copy Attached
Vehicle Reg.	St	Expiration
Vehicle Make	Model	
Year	Color	
Insurance Co	Policy #	Expiration

Company Name: _____ Phone #: _____
 Company Address: _____

Describe Product or Service:

HAVE YOU EVER BEEN CHARGED, PETITIONED OR ARRESTED FOR ANY CRIMINAL OFFENSE EITHER AS AN ADULT OR JUVENILE? YES NO (Any false statement may result in the denial of permit)

IF YES, WHERE & FOR WHAT? _____

I, _____, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

I, _____, hereby state that I have had an opportunity to review the Doylestown Township Peddling & Soliciting Ordinance.

I, _____, hereby state that I have received a copy of the current Doylestown Township "No Solicitation" List

SIGNED: _____ Date: _____

APPLICANT

There is a non-refundable \$50.00 application/license fee

FOR OFFICIAL USE ONLY

UIR# _____	Officer: _____	Date: _____
Exempt Yes No	EIN# _____	
Fee Paid Yes No	Amount _____	
Printed Yes No	Photographed Yes No	OCA# _____
Records Check Yes No	OLN Valid Yes No	Registration Valid Yes No
Clear NCIC/Clean Yes No		Recommend approval Yes No