



COMMERCIAL SOLICITATION PERMIT

MOORE TOWNSHIP POLICE DEPARTMENT
2491 COMMUNITY DRIVE
BATH, PA 18014
PH 610-759-5077

Every person(s) desiring a license under Ordinance No. 2006-4 shall first make application to the Secretary for such license. He/She shall, when making such application, exhibit a valid driver's license. The applicant shall state:

1. His/Her criminal record, if any.
2. Name and address of the person(s) by whom he/she is employed.
3. Type of goods, wares and merchandise he/she wishes to deal with in such transient retail business. (Attached a business flyer to application)
4. Realize permit is issued for a 30 day period, if requiring longer must renew before end of 30 days.
5. Type and license number of the vehicle(s) to be used if any.
6. Violation of any provision of this ordinance shall, upon conviction thereof, be sentenced to pay a fine not more than Five Hundred (\$500.00) Dollars, and in default of payment, to imprisonment for not more than thirty (30) days. Each day that a violation of this Ordinance continues shall constitute a separate offense.

Legal Holidays NOT PERMITTED to solicit in Moore Township:

New Year's Day, Memorial Day, Independence Day, Labor Day,
Thanksgiving Day and Christmas Day.

PLACE OF EMPLOYMENT

Business / Corporation Name: _____

Address: _____

Business Phone Number: _____ Fax: _____

Email: _____

Website: _____

VEHICLE(S) USED FOR SOLICITATION**Vehicle #1:**

Make: _____ Model: _____

Plate No.: _____ Year: _____

Color: _____

Vehicle #2:

Make: _____ Model: _____

Plate No.: _____ Year: _____

Color: _____

APPLICANT INFORMATIONName: _____
Last First MiddleList all other names you have used or been known as:

_____Permanent residence address: _____
Street (Include Apt. #)(P.O. Box are not acceptable): _____
City State Zip Code

Home and business phone number(s) and hours when you can be contacted:

Home Telephone () _____ From: _____ To: _____

Cell Telephone () _____ From: _____ To: _____

Business / Work Telephone () _____ From: _____ To: _____

APPLICANT INFORMATION (Cont.)

Birth Date: ____/____/____

Social Security Number: ____ - ____ - ____

Driver's License No: _____ State Issued: _____
(A copy of your current drivers license will be required with application, expired drivers licenses will not be accepted.)

For the purpose of identification, please provide the following:

Height Weight Hair Color Eye Color

List any other distinguishing marks (scars, tattoos, etc.): _____

RESIDENCE HISTORY

List **ALL** the places you have lived at for the past ten years. Begin with your most current address:

STREET	CITY	STATE	ZIP CODE

ADDITIONAL HISTORY

List any and all criminal arrests or convictions; infractions or misdemeanor citations received, including municipal or county code violation, please of no contest and any criminal or civil cases pending in any court. You **MUST** include any cases dismissed. DO NOT list traffic infraction violations. (Attach additional sheet(s) if more space is needed.)

Approx. Date	Police Agency (City and State)	Circumstances

Have you ever been placed on court probation as an adult? ____ Yes ____ No

If "YES", please give details (When, Where, Why): _____

Have you ever been arrested, charged with, convicted of, or currently under investigation for any crimes related to solicitation or other criminal offense including, but not limited to, violent crimes, sexual assault, and possession of controlled substances, theft, fraud or burglary? ____ Yes ____ No

Approx. Date	Police Agency (City and State)	Circumstances

BUSINESS INFORMATION

List names and addresses of all affiliated persons, who will be working on behalf of or with the affiliated. This shall include any corporation, individual, firm, partnership, joint venture, association, social club, league, fraternal organization, joint stock company, estate, trust, business trust, receiver, trustee, syndicate or any other group acting as a unit.

NAME	ADDRESS	CITY	STATE	ZIP CODE

Insurance Companies Name: _____

Policy Number: _____

Provided Certificate of Insurance: _____ Yes _____ No

TIME AND LOCATION

Requested times and places to solicit within Moore Township

DAY OF THE WEEK	TIMES AM/PM	LOCATION / ROAD(S)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

I certify, under penalty of perjury, the information contained in this application is true, accurate and complete.

I understand that failure to provide all information requested or failure to provide accurate, true and complete information is cause to revoke or deny approval of a solicitation permit and forfeiture of fees paid to the Township.

I hereby authorize the Moore Township Police Department to investigate and confirm the information listed within this application.

I understand that if approved, this solicitation permit is valid only for 30 DAYS.

Every person desiring a license shall file with the application a fee in the amount of Twenty-five (\$25.00) dollars, which shall be non-refundable in the event of rejection of the application or revocation of the license.

Applicant's Signature

Date

***** PLEASE ATTACH ALL INFORMATION REQUIRED TO PROCESS THIS APPLICATION. FOR FURTHER INFORMATION PLEASE CONTACT MOORE TOWNSHIP POLICE DEPARTMENT AT 610-759-5077.***

FOR TOWNSHIP USE ONLY

Received By: _____ Date Received: _____

Fee Collected: \$25.00 X _____ = \$ _____ Method: _____ Cash
_____ Check No. _____

Proof of ID attached for each individual _____

Proof of insurance attached (if applicable) _____

Approved by: _____ Approval Date: _____

Denied by: _____ Denial Date: _____

Approved Contract Dates: From: _____ To: _____