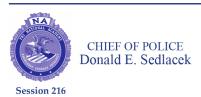


## HOPEWELL TOWNSHIP

## POLICE DEPARTMENT



1700 CLARK BLVD. ALIQUIPPA, PA 15001 phone: 724.378.0557

fax: 724.378.9105

e-mail: chiefofpolice@hopewelltwp.com

## **APPLICATION FOR SOLICITOR'S PERMIT**

Name of Applicant(Last)		a.w.	
Present Address	(First)	(MI)	
Present Phone Number	How long have you lived at this address?		
Company/Business you are representing			
Company/Business Address		_	
Company/Business Phone			
Type of Merchandise/Goods/Services			
Time associated with above firm:			
Names of the three most recent cities/communities where you have solicited door to door:			
DESCRIPTION OF APPLICANT			
SSN: DOB/_ / Place of	of Birth	HT	WT
Eye Color Hair Color			
Have you ever been charged with a crime? $\square$ Yes $\;\square$ No	If yes, date	of incident	
Location of arrest	Charge		
Make of automobile to be used for solicitation	Mo	odel	Year
Color License No			
Driver's License No(State) (Number)			
	f.v.a.a.		
Are any other vehicles going to be used?   Yes  No If yes, how many?			
List Make, Model, Year, Color, License Plate of all vehicles	s to be used:		
Applicant's Signature:	Da	te of Application:	
ADDDOVED.			
APPROVED: (Chief of Police)	Hopewell TWP Board of Commissioners Manager-Secretary		