

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

(YOU MUST INCLUDE A COPY OF YOUR VALID DRIVER'S LICENSE WITH APPLICATION AND INCLUDE A COPY OF CRIMINAL BACKGROUND CHECK IF YOU HAVE ONE)

| Name of Applicant | |
|---|--|
| (Last) | (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 | |
| Present Address | |
| Names of the three most recent cities/communities where | e you have solicited door to door: |
| | |
| SSN: DOB//_ | Place of Birth |
| HT WT Eye 0 | ColorHair Color |
| Have you ever been charged with a crime? \Box Yes \Box No | D If yes, date of incident |
| Location of arrest | _ Charge |
| Make of automobile to be used for solicitation | Model Year |
| Color License Plate | |
| Driver's License No | - |
| Are any other vehicles going to be used? \Box Yes \Box No | |
| If yes, make, model,color, plate? | |
| FOR TWP USE ONLY | |
| Applicant's Signature: | Date of Application: |
| APPROVED:(Chief of Police) | Hopewell Twp Manager |
| "People Working Eogether | r To Build A Better Community" |