

## 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"