

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					
Present Address	(Last)		(First)	(MI)	
Present Phone Number		long have you lived at this address?			
Company/Business you are	e representing				
Company/Business Addres	SS				
Company/Business Phone					
Type of Merchandise/Good	ls/Services				
Time associated with abov	e firm:				
Names of the three most re	ecent cities/communitie	es where you h	ave solicited door to	door:	
	DES	CRIPTION OF			
SSN:				ace of Birth	
HTEye Color			Hair Color		
Have you ever been charge	ed with a crime? □ Ye	s □ No	If yes, date of incid	ent	_
Location of arrest			Charge		
Make of automobile to be u	used for solicitation		Model	Year _	
Color	License	Plate			
Driver's License No(State	(Number)				
Are any other vehicles goir					
If yes, make, model,color, j	-				
Applicant's Signature:			_ Date of Application:		
FOR TWP USE ONLY					
APPROVED:	biof of Dolice)			ell Twp Manager	
(U	hief of Police)				
	"People Working T	bogether To I	Build A Better Co	mmunity"	