

PEDDLING AND SOLICITING PERMIT APPLICATION

EAST ALLEN TOWNSHIP
5344 NOR BATH BOULEVARD
NORTHAMPTON, PA 18067
Phone: 610-262-7961
Email: mail2@eatwp.org

TWP PERMIT # _____

DATE RECEIVED: ____/____/____

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____

SIGNATURE: ** _____ ****REQUIRED ON ALL APPLICATIONS**

COMPANY/ORGANIZATION INFORMATION

☐ CHECK HERE IF SAME AS APPLICANT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____

SIGNATURE: ** _____ ****REQUIRED ON ALL APPLICATIONS**

NATURE OF BUSINESS: _____

CHECK ONE OF THE FOLLOWING:

☐ NON-PROFIT / CHARITABLE ORGANIZATION

Provide current Certificate of Commonwealth of Pennsylvania, Department of State Bureau of Charitable Organizations
Certificate of Registration

☐ FOR PROFIT

Applicant must furnish names and addresses of at least two (2) references who can and will personally attest, from their own personal knowledge, to the good and moral character of the applicant. (Place information on reverse side of form).

LIMITATIONS – THIS PERMIT MUST BE IN POSSESSION OF THE PERSON PERFORMING THE SOLICITATION AND IS VALID FOR ONE (1) YEAR FROM DATE OF ISSUANCE UNLESS REVOKED. SOLICITATION SHALL BE CONDUCTED ONLY DURING DAYLIGHT HOURS, WITH NO SOLICITING ON SUNDAYS. IF SALES OF FOOD OR OTHER CONSUMABLE ITEMS ARE INVOLVED, A COPY OF YOUR PROPER STATE HEALTH PERMIT OR ANY OTHER PERMIT SHALL BE REQUIRED TO PERFORM THIS ACTIVITY. APPLICANT SHALL ALSO AFFIX HIS PERMIT OR LICENSE NUMBER BELOW AND SHALL EVIDENCE THE SAME WITH A PHOTOCOPY OF HIS PERMIT OR LICENSE.

LICENSE # HERE: _____

FEE: _____

Office Use Only

DATE PAID: _____

APPROVED BY: _____ DATE: _____

DENIED BY: _____ DATE: _____

REASON FOR DENIAL: _____

Payment of Fee Does Not Guarantee Approval

FEES ARE NON-REFUNDABLE

over

continued

CHARACTER REFERENCES

NAME, ADDRESS AND PHONE # OF TOWNSHIP RESIDENTS WHO WILL ATTEST TO YOUR GOOD MORAL CHARACTER.

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____