

**UPPER PROVIDENCE TOWNSHIP  
SOLICITATION PERMIT APPLICATION**

Applicant name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Applicant address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name and Address of all participants that are assisting (**attach copies of photo ID's for all**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of the goods, services or merchandise offered for sale:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any of your employees been convicted of any crime? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, explain the nature of the offense and punishment imposed:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If using a vehicle, provide make, model, color and license # \_\_\_\_\_

- **Permit fee is \$100, plus \$25 for each additional solicitor, and is valid for thirty (30) days from date of issuance. A renewal fee of \$50.00, plus \$10.00 for each additional solicitor, must be paid before the expiration of the initial or first renewal date.**
- **Permitted hours of solicitation are 9:00 A.M. until 6:00 P.M.**

*I hereby certify that the statements contained herein are true to the best of my knowledge and belief and that I/we will adhere to the Solicitation requirements of Upper Providence Township, Delaware County, as outlined in Ordinance 451.*

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved by \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* You will be contacted when your permit is ready.**

**\*If non-profit organization – attach proof of non-profit status\***

OFFICE USE ONLY

Application Date \_\_\_\_\_ Fee Paid \_\_\_\_\_ Check#: \_\_\_\_\_

Rec'd by: \_\_\_\_\_ Rec'd from: \_\_\_\_\_

Permit # \_\_\_\_\_ Date issued: \_\_\_\_\_ Date renewed \_\_\_\_\_ 2<sup>nd</sup> renewal date: \_\_\_\_\_