

**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 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: _____

**** Permits may be emailed or picked up in person at the Township Building. Please select below:**

I will pick up _____ *Please email to* _____

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 _____ 2nd renewal date: _____