



APPLICATION FOR SOLICITOR'S LICENSE TREDYFFRIN TOWNSHIP, PA

In response to your inquiry, attached please find the application for Tredyffrin Township solicitor's license. Please have each prospective solicitor complete the application and return with \$70 (per person) application fee (cashier's check or cash) along with copy of driver's license.

A criminal history check will be completed for each individual and, if cleared, individuals will be contacted with an appointment for permit photo to be taken at the police department.

There is also a \$50 deposit required which will be returned upon return of the ID card. ID cards are valid for one year from date of issue.

We request that all signs and ordinances in Tredyffrin Township be respected and that door-to-door canvassing be conducted only during daytime hours, ceasing at dusk.

Please do not hesitate to contact us at 610-408-3646 if you have any questions.



TOWNSHIP OF TREDYFFRIN

NO. _____

APPLICATION FOR SOLICITOR'S LICENSE

I hereby apply for a Solicitor's License under the terms of Chapter 143 of the Tredyffrin Township Code, and submit the following information required thereby:

NAME: _____
(Last) (First) (Middle)

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO.: _____

PERMANENT ADDRESS: _____
(No. & Street) (City, State & Zip Code)

PHONE: _____ YEAR, MAKE AND MODEL OF VEHICLE: _____

STATE/REGISTRATION OF VEHICLE: _____

TEMPORARY ADDRESS: _____
(No. & Street) (City, State & Zip Code)

CELL PHONE NUMBER: _____ EMERGENCY CONTACT: _____
RELATIONSHIP: _____

ADDRESS FOR NOTICES
UNDER THIS ORDINANCE: _____
(No. & Street) (City, State & Zip Code)

EMPLOYER: _____ COMPANY CONTACT PERSON: _____

EMPLOYER'S ADDRESS: _____
(No. & Street) (City, State & Zip Code)

EMPLOYER'S BUSINESS: _____ COMPANY PHONE NO.: _____

MY BUSINESS IN TOWNSHIP: _____ COMPANY WEBSITE: _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR VIOLATION (TRAFFIC)? _____
IF ANSWER IS "YES", LIST ALL CRIMES OF WHICH YOU HAVE BEEN CONVICTED INCLUDING DATE AND PLACE.

PERSONAL DESCRIPTION: RACE: _____ SEX: _____ NATIONALITY: _____
HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____ COMPLEXION: _____
BUILD: _____ SCARS, MARKS, TATTOOS: _____

(SIGNATURE)

FOR OFFICE USE:	APP. FEE REC'D:	ID DEPOSIT REC'D:	PERMIT ISSUED:	PERMIT EXPIRATION:	ID DEPOSIT RETURNED:
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