



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 NO.: _____ E-MAIL ADDRESS: _____

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)

APP FEE REC'D	ID DEPOSIT REC'D	PERMIT ISSUED	PERMIT EXPIRATION	ID DEPOSIT RET'D
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