

**LOWER MILFORD TOWNSHIP**

**7607 Chestnut Hill Church Road**

**Coopersburg, PA 18036**

Phone: (610)967-4949 Fax: (610)967-1013



**PERMIT APPLICATION FOR PEDDLING AND SOLICITING**

Name of Applicant/Organization: \_\_\_\_\_ Supervisor: \_\_\_\_\_

All Other Names Under Which Applicant Will Conduct Business: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Temporary Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Types of Goods, Wares, Service and/or Merchandise to Be Solicited/Peddled: \_\_\_\_\_

\_\_\_\_\_

Description and Location of Proposed Solicitation/Peddling Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates and Times of Solicitation/Peddling Activity: *Please note that solicitation activities are allowable in the Township Monday through Saturday during the hours of 9:00AM – 7:00PM and prohibited on Sundays.*

\_\_\_\_\_

Are you engaging in a fund-raising activity on behalf of a charitable or non-profit organization: \_\_\_\_\_

*If answered yes above, please attach documentation of the organizations charitable or non-profit status.*

Individuals Engaging in Solicitation/Peddling Activities: *Please list the full names (last, first, middle initial), home address, date of birth and driver's license numbers of all individuals under this application.*

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Criminal History: Please attach a criminal background check for **each** individual listed above. Background check's must be from the individual's State of primary residence and dated within 30 days prior to the submission of this application.*

*Vehicle Information: Please list the make, model, year, color and license plate number for each vehicle to be used. Please list one vehicle per line.*

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I VERIFY THAT I AM AUTHORIZED TO EXECUTE THIS APPLICATION ON BEHALF OF THE APPLICANT NAMED HEREIN. I UNDERSTAND AND AGREE THAT THE SUBMISSION OF FALSE INFORMATION MAY CONSTITUTE GROUNDS FOR PERMIT DENIAL. I HEREBY AUTHORIZE THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS APPLICATION IS HEREBY MADE FOR A SOLICITATION AND PEDDLING PERMIT TO ENGAGE IN DOOR-TO-DOOR SALES AND SOLICIATIONS WITHIN LOWER MILFORD TOWNSHIP, PURSUANT TO ORDINANCE NO. 113.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
Total Fees: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Check Number: \_\_\_\_\_  
Date Issued/Denied: \_\_\_\_\_ Permit Issued/Denied By: \_\_\_\_\_