

Allen Township

Vendor and Solicitation Permit Application

4714 Indian Trail Road Northampton, PA 18067 (p) 610-262-7012 · (f) 610-262-7364

Info@allentownship.org

Please complete the following information. All information is <u>required</u> unless otherwise noted. Separate Application and Separate Fee Required of Each Person. No license shall be issued under this Part until the sum in an amount to be established by resolution of the Board of Supervisors, shall be paid to the Township Secretary for the use of the Township. A separate application shall be filed and a separate permit fee shall be paid by <u>each</u> person who shall actually conduct the soliciting or peddling and shall apply where an employer desires to secure licenses for his employees, agents or servants. ***PLEASE PROVIDE A COPY OF APPLICANT'S VALID DRIVER'S LICENSE/IDENTIFICATION CARD WITH APPLICATION. ***

Township Secretary Signature:	D	ate:
Approved Date:	Denied Date:	Permit #:
Permit Fee Amount:	Date Paid:	Check Number:
Date Received:		
Applicant's Signature: For Township Use Only Below Line		Date:
the applicant shall also submit to finger-printing and furnish a plinformation specified above shall be given for each helper and v this Part shall be transferable from one person to another. The I check of each applicant, if deemed necessary.	hotograph, Provided; where a person ma rerified or affirmed by oath or affirmatio Township Secretary shall hold each appli	d pursuant to Chapter 13 of The Code of Allen Township, as amended. Upon request, alkes application for himself and one or more helpers, all applicable personal in by him and an individual license shall be required for each helper. No license under cation for a five-day period to enable the Township Office to conduct a background
Address:		
2.) Name:		Phone:
Address:		
		Phone:
References:		
Type of vehicle to be used (if any):		
Please list hours of door-to-door solicitat	tion (if applicable):	
Employer Address:		
Employer Phone Number:		
Name of Employer (Please note if self-en	nployed):	
Has applicant ever been convicted of any punishment(s) imposed:		If yes, please list nature of offense and
Applicant Mailing Address:		
Applicant Physical Address:		
Applicant Email Address:		
Applicant Phone Number:		
Applicant Date of Birth:		
Applicant Name:		
Location of Solicitation:		
Date(s) of Solicitation:		
licenses for his employees, agents or servants. ***PLEASE PRO	VIDE A COPY OF APPLICANT'S VALID DR	IVER'S LICENSE/IDENTIFICATION CARD WITH APPLICATION. ***