



WESTTOWN TOWNSHIP

1039 Wilmington Pike
West Chester, PA 19382
Phone 610-692-1930
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Post Office Box 79
Westtown, PA 19395
Fax 610-692-9651
www.westtownpa.org

Solicitor's License Application Form

Name: _____ SSN#: _____

 Last Middle First

Temporary Address: _____ Phone: _____

Permanent Address: _____ Phone: _____

Date of Birth: _____ Place of Birth: _____

Physical Description:

Eye color: _____ Hair Color: _____ Weight: _____ Height: _____

Driver's License No: _____ State: _____ Date of Issue: _____

Vehicle Information: Registration: _____

Make: _____ Model: _____ Year: _____ Color: _____

License Plate #: _____ State: _____ Date of Issue: _____

State specifically the nature of your business or activity: _____

Anticipated Stay: _____

Name of Parent Company: _____ Phone: _____

Address: _____

Contact Person: _____ Title: _____

Have you ever been convicted or arrested in any jurisdiction of any crime other than of minor traffic violations? If yes, then of what crime or crimes? _____

SOLICITING IS ALLOWED IN WESTTOWN TOWNSHIP BETWEEN 8:00AM AND DUSK, MONDAY THROUGH SATURDAY ONLY. THE SOLICITOR WILL CARRY THE LICENSE CARD AT ALL TIMES AND EXHIBIT IT UPON REQUEST OF ANY POLICE OFFICER OR ANY OTHER PERSON. ANY COMPLAINTS CONCERNING THE SOLICITOR WILL RESULT IN REVOCATION OF HIS/HER LICENSE, AND/OR ARREST. Applicant must submit this form to Westtown Township with a photo license and required payment of **\$25.00** as referenced in the adopted Westtown Township fee schedule. Once the background check comes back in good standing, the applicant can select either a one month license for **\$35.00** or a yearly license for **\$250.00**.

By signing this form I hereby authorize Westtown Township to conduct a criminal history investigation of my background. I understand that any discrepancy between this investigation and the information I provided in this form justifies denial of a license. I have read and understand the Westtown Township solicitor's application, and hereby affirm all entries are true and correct.

SIGNATURE: _____ DATE: _____ WITNESS _____

DO NOT WRITE BELOW THIS LINE – TOWNSHIP/POLICE USE ONLY

Date: _____ Investigation Officer: _____

Reason for Denial: _____

Township Approval: _____ Date: _____ Permit# _____