

NORTH WHITEHALL TOWNSHIP

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www.northwhitehall.org

PEDDLERS & SOLICITORS PERMIT APPLICATION

☐ MAIL ☐ PICK-UP

NO SOLICITING BETWEEN HOURS OF 5:00PM AND 9:30AM

DIRECTIONS: PLEASE COMPLETE ALL OF THE FOLLOWING SECTIONS BELOW. ALL SECTIONS MUST BE COMPLETED WITH THE REQUIRED INFORMATION REQUESTED OR A PERMIT WILL NOT BE ISSUED. PLEASE NOTE THAT ALL INFORMATION PROVIDED ON THIS APPLICATION MAY BE REVIEWED BY THE LOCAL POLICE, PENNSYLVANIA DEPARTMENT OF REVENUE, AND THE FEDERAL INTERNAL REVENUE SERVICE FOR COMPLIANCE WITH FEDERAL AND STATE LAWS.

1. NAME OF APPLICANT AS IT WILL APPEAR ON THE PERMIT:		
2. ADDRESS OF APPLICANT:		
3. PHONE NUMBER OF APPLICANT:		
4. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OFFENSE? (CIRCLE ONE) YES OR NO		
 HAVE YOUR EVER BEEN CONVICTED OF A FELONY OFFENSE? (CIRCLE ONE) YES OR NO IF YOU ANSWERED YES TO EITHER QUESTIONS 4 OR 5, YOU MUST SUPPLY NORTH WHITEHALL TOWNSHIP WITH A COPY OF YOUR CRIMINAL RECORD. IF YOU CANNOT PROVIDE THE TOWNSHIP WITH A COPY OF YOUR CRIMINAL RECORD, YOU WILL NOT BE ISSUED A PERMIT. PLEASE NOTE THAT ANY FALSE MISREPRESENTATION OF FACT WITHIN THIS APPLICATION IS A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES OF THE PENNSYLVANIA CRIMINAL CODES. 		
7. DRIVER'S LICENSE NUMBER AND STATE OF ISSUE:		
8. YEAR, TYPE AND COLOR OF VEHICLE DRIVEN:		
9. LICENSE PLATE NUMBER ON VEHICLE AND STATE OF ISSUE:		
10. NAME, ADDRESS AND PHONE NUMBER OF PERSON FOR WHOM APPLICANT WORKS FOR:		
11. TYPES OF SERVICES OR MERCHANDISE TO BE PEDDLED OR SOLICITED:		
12. ARE YOU SOLICITING FOR FUNDS? YES/NO IF YES, WHAT IS THE NAME OF THE ORGANIZATION:		
13. IS THIS ORGANIZATION A 501C(3) CHARITABLE ORGANIZATION REGISTERED BY THE INTERNAL REVENUE SERVICE? YES OR NO		
14. IF YOU ANSWERED YES TO QUESTION 13, WE NEED THE TAX IDENTIFICATION NUMBER:		
15. WHAT ARE THESE SOLICITED FUNDS BEING USED FOR?		
16. HOW LONG WILL YOU BE SOLICITING/PEDDLING IN NORTH WHITEHALL TOWNSHIP?		
17. WHAT AREAS IN THE TOWNSHIP WILL YOU BE SOLICITING/PEDDLING? YOU MUST BE SPECIFIC ON THE AREA.		
SIGNATURE OF APPLICANT:		
FOR OFFICE \$25.00 per business/organization per month or USE ONLY: \$300.00 per business/organization per year.	ZONING OFFICER'S SIGNATURE: _	
Date of Application: Check #	Amount of Check/Cash: _	\$
Date References & Criminal Record Checked (if needed)	Permit # _	