



NORTH WHITEHALL TOWNSHIP

3256 LEVANS ROAD, COPLAY, PA 18037

610-799-3411 610-799-9629 FAX

www.northwhitehall.org

PEDDLERS & SOLICITORS PERMIT APPLICATION

MAIL PICK-UP

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.

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

1. NAME OF APPLICANT AS IT WILL APPEAR ON THE PERMIT:
2. ADDRESS OF APPLICANT:
3. PHONE NUMBER OF APPLICANT:
4. EMAIL ADDRESS OF APPLICANT:
5. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OFFENSE? (CIRCLE ONE) YES OR NO
6. HAVE YOUR EVER BEEN CONVICTED OF A FELONY OFFENSE? (CIRCLE ONE) YES OR NO
7. 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.
8. DRIVER'S LICENSE NUMBER AND STATE OF ISSUE:
9. YEAR, TYPE AND COLOR OF VEHICLE DRIVEN:
10. LICENSE PLATE NUMBER ON VEHICLE AND STATE OF ISSUE:
11. NAME, ADDRESS AND PHONE NUMBER OF PERSON FOR WHOM APPLICANT WORKS FOR: _____
12. TYPES OF SERVICES OR MERCHANDISE TO BE PEDDLED OR SOLICITED:
13. ARE YOU SOLICITING FOR FUNDS? YES/NO IF YES, WHAT IS THE NAME OF THE ORGANIZATION:
14. IS THIS ORGANIZATION A 501C(3) CHARITABLE ORGANIZATION REGISTERED BY THE INTERNAL REVENUE SERVICE? YES OR NO
15. IF YOU ANSWERED YES TO QUESTION 13, WE NEED THE TAX IDENTIFICATION NUMBER:
16. WHAT ARE THESE SOLICITED FUNDS BEING USED FOR?
17. HOW LONG WILL YOU BE SOLICITING/PEDDLING IN NORTH WHITEHALL TOWNSHIP?
18. WHAT AREAS IN THE TOWNSHIP WILL YOU BE SOLICITING/PEDDLING? YOU MUST BE SPECIFIC ON THE AREA.

SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY:	\$25.00 per individual/business/organization per month or \$300.00 per individual/business/organization per year.	ZONING OFFICER'S SIGNATURE: _____
Date of Application: _____	Check # _____	Amount of Check/Cash: \$ _____
Date References & Criminal Record Checked (if needed) _____	Permit # _____	