

# North Whitehall Township



*Lehigh County, Pennsylvania*

3256 Levans Road Coplay, Pa 18037 Phone: 610-799-3411 / Fax: 610-799-9639

## **PEDDLERS & SOLICITORS PERMIT APPLICATION**

☐ MAIL ☐ PICK-UP

**NO SOLICITING BETWEEN HOURS  
OF 9:00PM AND 9:00AM,  
NO SUNDAYS AND NO HOLIDAYS**

**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. EMAIL ADDRESS OF APPLICANT:
5. THE APPLICATION REQUIRED TO BE SUBMITTED TO THE TOWNSHIP PURSUANT TO THIS CHAPTER 310 SHALL BE ACCOMPANIED BY A PENNSYLVANIA STATE POLICE CRIMINAL HISTORY BACKGROUND CHECK (PATCH) AND, IN THE CASE OF AN APPLICANT WHO HAS BEEN A RESIDENT OF THE COMMONWEALTH OF PENNSYLVANIA FOR LESS THAN TWELVE (12) MONTHS PRECEDING THE APPLICATION, A CRIMINAL HISTORY RECORD FROM ANY STATE OR COUNTRY IN WHICH SUCH APPLICANT HAS RESIDED IN THE FIVE (5) YEARS PRECEDING THE APPLICATION SUBMISSION DATE
6. DRIVER'S LICENSE NUMBER AND STATE OF ISSUE:
7. YEAR, TYPE AND COLOR OF VEHICLE DRIVEN:
8. LICENSE PLATE NUMBER ON VEHICLE AND STATE OF ISSUE:
9. NAME, ADDRESS AND PHONE NUMBER OF PERSON FOR WHOM APPLICANT WORKS _____
10. PROVIDE A LETTER FROM EMPLOYER DESIGNATING THE APPLICANT AS THEIR SALES REPRESENTATIVE
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 12, WE NEED THE TAX IDENTIFICATION NUMBER:
15. BE ADVISED ALL RESPONSES, STATEMENTS AND SUBMISSIONS ARE SUBJECT TO 18 PA.C.S.A. §4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.
16. WHAT AREAS IN THE TOWNSHIP WILL YOU BE SOLICITING/PEDDLING? YOU MUST BE SPECIFIC ON THE AREA.

### **SIGNATURE OF APPLICANT:**

FOR OFFICE  
USE ONLY: **\$50.00 1 year permit**

ZONING OFFICER'S  
SIGNATURE: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Check # \_\_\_\_\_ Amount of Check/Cash: \$ \_\_\_\_\_

Date References & Criminal Record Checked (if needed) \_\_\_\_\_ Permit # \_\_\_\_\_

**APPLICATION FEE IS NON-REFUNDABLE**

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## **Solicitation Permit Checklist**

These items must be included in your submission, or your permit will not be accepted:

- Copy of your valid driver's license or state identification
- An official criminal background check for the previous 5 years
- Letter from employer designating you as a sales representative.
- License plate number, state issued, year, type and color of car used while soliciting in the Township.
- Please ensure applications are completed and signed in entirety.