



# SKIPPACK TOWNSHIP

4089 Heckler Road · P.O. Box 164

Skippack, PA 19474

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[www.skippacktownship.org](http://www.skippacktownship.org)

## APPLICATION/PERMIT FOR SOLICITATION IN SKIPPACK TOWNSHIP

Permit No. \_\_\_\_\_

Fee: \$60/Per Person Per Resolution 2013-13

### PLEASE PRESENT FORM OF IDENTIFICATION (DRIVER'S LICENSE/PHOTO ID)

Name in full: \_\_\_\_\_ SS # \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Address at which to receive notices: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name and Address of  
Organization/Employer: \_\_\_\_\_

Place & Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Has applicant ever been arrested? \_\_\_\_\_ If so, explain: \_\_\_\_\_

Vehicle registration number, model, make & color, if applicable: \_\_\_\_\_

Types of goods, wares & merchandise: \_\_\_\_\_

Nature of Business or Activity: \_\_\_\_\_

If applicable, please supply (a) a copy of your PA state sales tax license (b) proof of a handler's license or health license and (c) a letter from the property owner stating the property owner understands and agrees to comply with this chapter and that the property owner is responsible for the conduct of the transient businessman.

Date Application Made: \_\_\_\_\_ Period Permit Requested: \_\_\_\_\_

**It is to be understood that permit can be issued only for a thirty (30) day time period and at the end of thirty (30) days from date of issue, the permit must be reissued and an additional fee paid. Permit can be issued only for purpose shown above and if applicant wishes to solicit for another purpose, a new application must be made. Permit can be revoked at any time for just cause, upon the discretion of the Supervisors. PERMIT MUST BE SHOWN TO ANY PERSON APPROACHED, UPON REQUEST, OR ANY POLICE OFFICER. Persons misusing permit will be subject to a fine of not less than \$25.00 nor more than \$50.00, together with costs of prosecution, or, in default thereof, shall suffer imprisonment not to exceed Thirty (30) days in the County Prison.**

**I hereby acknowledge that I have received a copy of Ordinance #214 pertaining to Solicitation in Skippack Township.**

**Signature of Applicant:** \_\_\_\_\_

**Permit Granted by :** \_\_\_\_\_ **Permit No.:** \_\_\_\_\_  
**Township Manager**

**Expiration Date:** \_\_\_\_\_

**Hours of Solicitation: 9 AM – Dusk, Mon-Sat  
No Soliciting on Sunday**