



SKIPPACK TOWNSHIP

www.skippacktownship.org

4089 Heckler Road - P.O. Box 164

Skippack, PA 19464

PHONE : 610-454-0909 - fax: 610-454-1385

APPLICATION/PERMIT FOR SOLICITATION IN SKIPPACK TOWNSHIP

Permit No. _____

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

\$22 per background check (effective 12/1/2017)

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

Full Name: _____ Social Security #: _____

Permanent address: _____

Mailing address to receive notices: _____

Phone: _____ Email: _____

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 of Application: _____ Period Permit is Requested For: _____

It is to be understood that permit can be issued only for a thirty-day (30) 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

Permit Expiration Date: _____

**Hours of Solicitation: 9:00 am to Dusk
Monday thru Saturday**

NO SOLICITING ON SUNDAY

Solicitation is prohibited in the following communities:

Traditions at Skippack

Colony

Meadow Glen-Phases 1-2-3

The Meadows

Creekwood Village