

Milford Township

Received: _____

2100 Krammes Rd.
Quakertown, Pa. 18951
Phone 215-536-2090
Fax 215-529-9127

Application for Solicitation/Peddling Permit

Full Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Date of birth: _____ Drivers license # _____ State _____

Gender: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Company/Employer: _____

Company Address: _____

Company Phone: _____

Nature of business: _____

Area of solicitation: _____
(Developments or streets)

Number of Helpers if any _____ (Each helper needs a separate permit)

Certificate of Insurance must be provided.

Have you ever been convicted of any crime? YES NO

If yes, state the nature of the offense or offenses and the punishment imposed.

*****NO PERMIT ISSUED SHALL BE TRANSFERABLE FROM ONE PERSON TO ANOTHER*****

I have received a copy of the ordinance pertaining to peddling and soliciting, and agree to all its provisions.

Applicant Signature

Date

Township Use Only

Date Received: _____

Date permit issued: _____

Date permit expires: _____

Permit # _____

Proof of Insurance provided: Yes ____ No ____

\$75.00 = Per individual for a 90 day period

(36240) Total Fee \$ _____ **Cash** _____
Check ____ # _____

COPY OF DRIVER LICENSE / ID

