



**WEST GOSHEN TOWNSHIP POLICE DEPARTMENT
1025 PAOLI PIKE
WEST CHESTER, PA 19380**

SOLICITOR'S LICENSE APPLICATION FORM

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
 Temporary while soliciting: _____ Phone: _____
 Permanent: _____ Phone: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

EYES: _____ HAIR: _____ HEIGHT: _____ WEIGHT: _____

DRIVER'S LICENSE #: _____ STATE: _____ DATE ISSUED: _____

VEHICLE INFO: Make: _____ Model: _____ Year: _____
 Color: _____ License Plate: _____ State: _____
 Registered to: _____ Phone: _____

STATE SPECIFICALLY: The nature of the business or activity in which you wish to engage within the Township: _____

_____ Length of Time: _____

The location in the Township where the sales will occur: _____

NAME OF PARENT COMPANY: _____ Phone: _____

Address: _____

Contact Person: _____ Title: _____

HAVE YOU EVER BEEN CONVICTED IN ANY JURISDICTION OF ANY CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS, AND, IF SO, WHAT CRIME OR CRIMES? NO YES

YOU MUST PROVIDE AND ATTACH A BACKGROUND HISTORY FROM THE FOLLOWING WEBSITE: <https://epatch.state.pa.us/>

By signing this form, I hereby authorize the West Goshen Township Police Department to conduct a criminal history investigation as to my background. I understand that if the information learned by this investigation and the information I provided in this form do not agree, this is reason for denying the license.

SOLICITING WILL BE CONDUCTED IN WEST GOSHEN TOWNSHIP BETWEEN THE HOURS OF 8:00 AM AND DUSK, MONDAY THRU SATURDAY ONLY. THE SOLICITOR WILL CARRY THE LICENSE CARD AT ALL TIMES AND EXHIBIT IT UPON REQUEST OF ANY POLICE OFFICER OR ANY PERSON REQUESTING TO SEE THE SAME. **ANY COMPLAINTS CONCERNING THE SOLICITOR WILL RESULT IN THE REVOCATION OF HIS OR HER SOLICITOR'S LICENSE AND/OR THE ARREST OF THE SOLICITOR.**

I have read and understand the West Goshen Township's Solicitor's Application Form, and all entries are true and correct.

SIGNATURE: _____ **DATE:** _____

WITNESS: _____ **DATE:** _____

Applicant must return this form to the West Goshen Township Police Department along with their background history with a non-refundable fee of \$50.00. Checks should be made payable to "West Goshen Township"

DO NOT WRITE BELOW THIS LINE – POLICE DEPARTMENT USE ONLY

License Number: _____ Person Issuing: _____ Date: _____

Criminal History Investigation Completed By: _____ Date: _____

Reason for Denial: _____

Zoning District: _____ (To be completed by Zoning Officer)