



Hatfield Township Application for Peddling or Soliciting

| | |
|-----------|-------|
| Permit #: | Date: |
|-----------|-------|

| | |
|---------------------------------|--------------------|
| Name: | Date of Birth: |
| Local Address: | |
| Permanent Address: | |
| Permanent Phone #: | Temporary Phone #: |
| Name of Company: | |
| Address of Company: | |
| Name of Supervisor: | |
| Address of Company: | |
| Company Phone #: | |
| Company Email: | Personal Email: |
| Number of People in Your Group: | |

| | |
|-----------------------|------------------------|
| Vehicle Make: | Vehicle Color: |
| Vehicle Registration: | State of Registration: |

| |
|---|
| Have you ever been convicted of a crime? Yes _____ No _____ If yes, what type of offense, where and when did it occur? |
|---|

| |
|--|
| Nature of Goods, Wares, Services or Merchandise: |
|--|



IMPORTANT INFORMATION

- The fee for this license is \$100.00 for a 30-day permit. You must re-apply should you wish to continue your business after the initial 30-day period. You must pay the \$100.00 fee for every 30-day period thereafter **(as amended by ordinance March 26, 2014)**
- The permitted hours of solicitation are from 9 am until 7 pm (as amended above)
- You must supply us with a Criminal Background Check at the time of each application
- Any issued permit is not transferable
- You must submit a passport sized photo with each application
- You will wear the provided license on your outermost garment and you will present it to any person who asks to view it
- Every member of your group must file individual license applications and each member shall display their respective license as noted above

I _____, have applied for a Soliciting or Peddling License from Hatfield Township. I certify that the information contained on my application true and I understand that falsification of this information is grounds for denial or revocation of the license. I authorize Hatfield Township to gather all information necessary about me, both personally or professionally to fulfill my request for a license. I authorize all parties requested to divulge criminal records or lack thereof to the requesting official. All parties are released from any liability for providing the requested Information even though most of this information would be considered as privileged.

PLEASE NOTE: Submitting this application is not the same as approval of the application. You may not begin to solicit/peddle until you have received the actual permit. Doing so will result in an automatic denial of your application as well as denial of the applications for other persons that may have been submitted by the company you represent. Should your application be denied or revoked for failing to follow any of these guidelines, both you and any other applicants of the company you represent will not be allowed to reapply for a permit for 60 days from the date of denial or revocation.

Signature of Applicant:

Signature of Chief of Police or Designee:

Signature of Code Enforcement / Use and Occupancy:

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

| | |
|-------------------------|--|
| NAME/ REQUESTER | |
| ADDRESS | |
| CITY/STATE/ ZIP CODE | |

| |
|--|
| FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER |
| AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 1-888-QUERYP (1-888-783-7972) |
| DO NOT SEND CASH OR PERSONAL CHECK |
| CHECK ONE BLOCK |
| <input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO: “COMMONWEALTH OF PENNSYLVANIA” THE FEE IS NONREFUNDABLE |
| <input type="checkbox"/> NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$15.00, PAYABLE TO: “COMMONWEALTH OF PENNSYLVANIA” THE FEE IS NONREFUNDABLE |
| <input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE |

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | - | | | | | | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | | |
|--------------------------------------|------------------------|----------------------------|-----|------|
| NAME/SUBJECT OF RECORD CHECK (FIRST) | (MIDDLE) | (LAST) | | |
| MAIDEN NAME AND/OR ALIASES | SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YYYY) | SEX | RACE |

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

FEEES FOR REQUESTS - \$10.00. NOTARIZED FEE REQUESTS - \$15.00.
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****
 ◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

REASON FOR REQUEST

- INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$15.00 FOR REQUEST)**
- | | | |
|---|---|--|
| <input type="checkbox"/> ADOPTION (DOMESTIC) | <input type="checkbox"/> EMPLOYMENT/SCREENING | <input type="checkbox"/> PASSPORT |
| <input type="checkbox"/> ATTORNEY | <input type="checkbox"/> FOSTER CARE | <input type="checkbox"/> PRIVATE INVESTIGATIONS |
| <input type="checkbox"/> BANKING | <input type="checkbox"/> HEALTHCARE | <input type="checkbox"/> SOCIAL SERVICES |
| <input type="checkbox"/> BAR ASSOCIATION | <input type="checkbox"/> HOUSING | <input type="checkbox"/> TENANT CHECK |
| <input type="checkbox"/> CHURCH | <input type="checkbox"/> INSURANCE LICENSE | <input type="checkbox"/> VISA |
| <input type="checkbox"/> CHILD CARE | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> NURSE AID TRAINING | <input type="checkbox"/> VOLUNTEER |
| <input type="checkbox"/> ELDER CARE | <input type="checkbox"/> OTHER _____ | |
| <input type="checkbox"/> EMERGENCY MANAGEMENT | | |

ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY WITH A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID, SEE TERMS & CONDITIONS)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT AND REQUIRED COPY OF GOVERNMENT PHOTO ID ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919