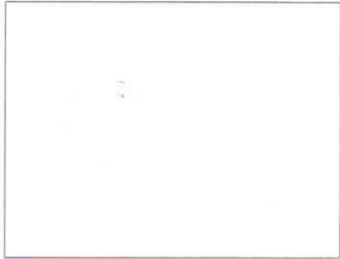


# TOWNSHIP OF DELANCO

## SOLICITATION / PEDDLERS APPLICATION

NAME FIRST		MIDDLE NAME		LAST		ALIAS / NICKNAME			
ADDRESS (NUMBER - STREET - MUNICIPALITY - STATE)						PLACE OF BIRTH			
DATE OF BIRTH	AGE	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES	MARITAL STATUS	SOCIAL SECURITY NUMBER
OTHER DESCRIPTIVE INFORMATION: GLASSES, SCARS, MARKS, TATTOOS, MUSTACHE, BEARD, ETC.									
HAVE YOU EVER BEEN FOUND GUILTY OF OR PLEADED GUILTY TO A VIOLATION OF THE LAW?		IF YES - DESCRIBE (LIST CHARGES - WHEN AND WHERE CHARGED - CONVICTIONS)							
YES <input type="checkbox"/>									
NO <input type="checkbox"/>									
DRIVERS LICENSE NUMBER AND STATE					RESIDENTIAL PHONE		CELL PHONE:		BUSINESS PHONE
BUSINESS NAME					ADDRESS				
NAME OF BUSINESS CONTACT PERSON (SUPERVISOR - MANAGER - OWNER - ETC.)					TYPE OF SOLICITATION - PEDDLING				
					DOOR-TO-DOOR <input type="checkbox"/> MOTOR ROUTE <input type="checkbox"/>				
SOLICITATION - PEDDLING INTENT									
MERCHANDISE SALES <input type="checkbox"/>			PERISHABLE SALES (ICE CREAM, SNACKS, ETC.) <input type="checkbox"/>			SUBSCRIPTIONS <input type="checkbox"/>			
DONATIONS <input type="checkbox"/>			INFORMATIONAL SURVEYS <input type="checkbox"/>			OTHER (EXPLAIN) <input type="checkbox"/>			
EXPLANATION:									
LOCATIONS - ROUTES OF SOLICITATION:					INTENDED HOURS OF SOLICITATION - PEDDLING		TYPE OF PERMIT REQUESTED		
					BEGIN: END:		DAILY PERMIT (\$15) <input type="checkbox"/>		
							YEARLY PERMIT (\$50) <input type="checkbox"/>		
VEHICLE INFORMATION									
YEAR	MAKE	MODEL (2 DOOR - 4 DR- TRUCK ETC.)				COLOR	REGISTRATION # AND STATE		
APPLICANT'S PHOTOGRAPH:									
									
APPLICANT MUST SUPPLY:									
PHOTOCOPY OF APPLICANT'S DRIVER'S LICENSE PLEASE PROVIDE A CURRENT PHOTOGRAPH									
I SOLEMNLY SWEAR THAT THE FOREGOING MATION IS TRUE AND FACTUAL									
DATE: _____									
SIGNATURE OF APPLICANT									
REMARKS - FOR OFFICE USE ONLY									
DATE RECEIVED		RECEIVING OFFICER		BADGE NUMBER		EFFECTIVE DATE		PERMIT NUMBER	