



**WHITEMARSH TOWNSHIP  
POLICE DEPARTMENT**

616 GERMANTOWN PIKE  
LAFAYETTE HILL, PA 19444-1821

BUSINESS: 610-825-6530 • FAX: 610-825-5078

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**\*\*Applications must be completed in its entirety and have all required documents attached upon submission. Any omissions will result in a denial. \*\***

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**Guidelines for Solicitor Permit and  
Temporary/ Transient Business License Applications**

- A permit must be obtained prior to soliciting and/or peddling goods
- Soliciting Permits and Temporary/ Transient Business Licenses are valid for 90 days from the date of issue. A company, individual, or association will be issued no more than three (3) permits in one (1) calendar year.
- \$100 fee (**checks only**) for a Soliciting Permit or Temporary/ Transient Business Licenses
- Plus \$20 fee (**checks only**) per individual soliciting under the permit. Each individual will receive an identification card to be worn at all times during solicitation.
- Permit exceptions: Soliciting for Charity (Must be registered with the State), religious groups, and community youth organizations. See Ordinance No 880 for additional.
- Hours of Soliciting: Monday- Saturday: 9:00 A.M.- Dusk/ Sundays 12:00 P.M.- Dusk

**Application for Soliciting Permit and Temporary/ Transient Business License  
(To be filled out by Company Registrant)**

- A completed application
- Copies of all valid vehicle registration cards and valid insurance cards
- A complete list of all individual staff members. Each staff member must also fill out an Individual Application. Each of these completed applications must be attached to the Permit/ License Application. (See below for guidelines of the Individual Application.)
- If applicable, proper paperwork documenting that all minors are eligible for employment

**Individual Applications  
(To be filled out by each individual applicant)**

- A completed application
- A photograph attached that conforms to the passport standards and was taken within the past 3 months. (For detailed instructions, see reverse side of this page.)
- If applicable, proper paperwork documenting that the minor is eligible for employment
- A Criminal History Check by Pennsylvania State Police within the past 30 days.

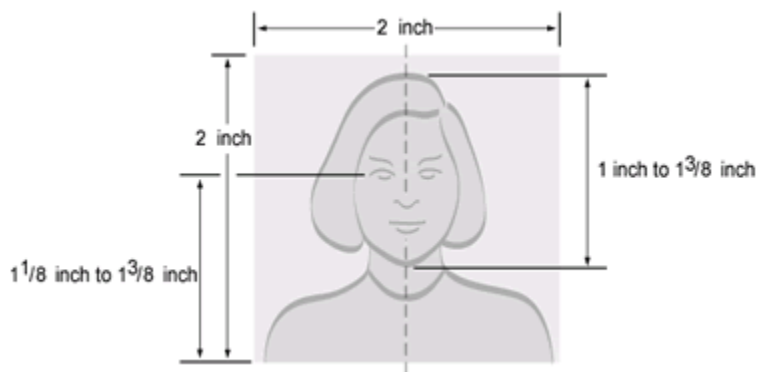
For more details, visit: <http://www.psp.state.pa.us> or <https://epatch.state.pa.us/Home.jsp>

- Photo Identification- Except minors under the age of sixteen (16)

(Acceptable ID's-Drivers license, State Identification card, Student Identification, etc.)

Detailed photograph instructions:

- 1) Frame subject with [full face, front view, eyes open](#)
- 2) Make sure photo presents [full head](#) from top of hair to bottom of chin; height of head should measure 1 inch to 1-3/8 inches (25 mm to 35 mm)
- 3) [Center head](#) within frame (see Figure 2 below)
- 4) Make sure [eye height](#) is between 1-1/8 inches to 1-3/8 inches (28 mm and 35 mm) from bottom of photo
- 5) Photograph subject against a plain white or off-white [background](#)
- 6) [Position subject](#) and [lighting](#) so that there are no distracting shadows on the face or background
- 7) Encourage subject to have a [natural expression](#)
- 8) Photograph being submitted must be 2 inch by 2 inch (50 mm by 50 mm)





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**Application for Solicitation, Vending, Peddling, and Hawking**

**Application for Temporary or Transient Business**

**Registrant Information**

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female

Drivers License State: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Local Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

**Business Information**

Business/ Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

If temporary of transient business, location in Whitemarsh: \_\_\_\_\_

Type of wares being sold: \_\_\_\_\_

Estimated time working in Whitemarsh Township: \_\_\_\_\_

**Vehicle** (List ALL vehicles that will be used. Use reverse side if necessary)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ Registration: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Copy of vehicle(s) registration card and insurance card must accompany this application

**Staff** (Each staff member must also fill out and sign an individual application)

1) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

2) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

3) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

4) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

5) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

6) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

7) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

8) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Approved by: \_\_\_\_\_ Permit # \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expires on \_\_\_\_\_

9) Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
10) Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
11) Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
12) Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
13) Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
14) Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
15) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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**Vehicle** (List ALL vehicles that will be used. Use reverse side if necessary)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ Registration: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Copy of vehicle(s) registration card and insurance card must accompany this application

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**Vehicle** (List ALL vehicles that will be used. Use reverse side if necessary)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ Registration: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Copy of vehicle(s) registration card and insurance card must accompany this application

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**Vehicle** (List ALL vehicles that will be used. Use reverse side if necessary)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ Registration: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Copy of vehicle(s) registration card and insurance card must accompany this application

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Copy this page for additional persons or vehicle



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**Individual Application**

(To be affirmed by each individual wanting to solicit under an issued permit)

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: Male  Female  Social Security #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Local Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

A photograph of this individual applicant taken within the last three month shall be attached here.  
  
**Photo quality and size must comply with the requirements listed within the Whitemarsh Township guidelines for solicitors**

**APPLICANT MUST ALSO ATTACH A COPY OF A GOVERNMENT ISSUED PICTURE IDENTIFICATION [Except minors under the age of sixteen (16)]**

**FOR MINORS ONLY (Under the age of 18)**

Name of Parent/ Legal Guardian: \_\_\_\_\_

Address of Parent/ Legal Guardian: \_\_\_\_\_

Home Phone of Parent/ Legal Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Minors and Employers must provide paperwork that verifies the minor is eligible for employment**

**All applicants are required to submit a Criminal History Check from Pennsylvania State Police (date within last 30 days) (For info, please visit: <https://epatch.state.pa.us/Home.jsp>)**

Have you even been arrested for ANY crime? \_\_\_\_\_ (If YES, give charge, location, year, and disposition for each offense. - use the reverse side of this sheet to list.)

*Applicant affirms and says that the facts set forth in this application and the attached documents are true and correct to the best of his or her knowledge and belief. This verification is made subject to the penalties of section 4904 of the Pennsylvania Crimes Code (18 P.A. C.S. § 4904) relating to unsworn falsification to authorities.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Verified Identification: \_\_\_\_\_ I.D. copy attached: \_\_\_\_\_ WPD Records check: \_\_\_\_\_

Criminal History attached: \_\_\_\_\_ NCIC Check: \_\_\_\_\_ BMV: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Working Papers for Minors: \_\_\_\_\_

Identification Document Issued: \_\_\_\_\_ Document of Minor Issued: \_\_\_\_\_

Approved by: \_\_\_\_\_ Permit # \_\_\_\_\_ Date Issued: \_\_\_\_\_

