



801 Burrows Run Rd
 Chadds Ford, PA
 610-388-2874 Fax: 610-388-8594
 Website: Kennett.pa.us
 Email: KTPD@kennett.pa.us

Office Hours
 8:00 A.M.- 4:00P.M.
 Monday - Thursday

Solicitors License Application Form

 Last Name Middle First Name SS#

Addresses:
 Temporary: _____ Phone: _____
 Permanent: _____ Phone: _____

DOB: ___/___/_____ Place of Birth: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Driver's License No: _____ State: _____

Vehicle Information: Registration: _____
 Make: _____ Model: _____ Year: _____ Color: _____
 License Plate No: _____ State: _____

State Specifically the nature of your business or activity: _____
 _____ Anticipated Soliciting Period : _____

Name of Parent Company: _____ Phone: _____
 Address: _____
 Contact Person: _____ Title: _____

Have you ever been convicted or arrested in any jurisdiction of any crime other than of minor traffic violations?
 If so of what crime or crimes?: _____

SOLICITING SHALL BE CONDUCTED IN KENNETT TOWNSHIP IN ACCORDANCE TO THE SOLICITING ORDINANCE, MONDAY THROUGH SATURDAY ONLY. THE SOLICITOR WILL CARRY THE LICENSE CARD AT ALL TIMES AND EXHIBIT IT UPON THE REQUEST OF ANY POLICE OFFICER OR ANY OTHER PERSON. ANY COMPLAINTS CONCERNING THE SOLICITOR WILL RESULT IN THE REVOCATION OF THE LICENSE AND POSSIBLE ARREST. THE LICENSE WILL BE VALID FOR 30 DAYS

Applicant must submit this form to the Kennett Township Police Department with a photo license and payment of a non-refundable fee of \$50.00. Checks are payable to "Kennett Township". Applicant shall provide a certified a copy of a Pennsylvania Records Check. Record checks can be obtained via <https://epatch.pa.us/RCStatusSearch.jps>

By signing this form I hereby authorize the Kennett Township Police Department to conduct a criminal history investigation of my background. I understand that any discrepancy between this investigation and the information I provided in this form justifies denial of a license. I have read and understand the Kennett Township Solicitor's License application form, and hereby affirm all entries are true and correct.

SIGNATURE: _____ DATE: _____ WITNESS : _____

DO NOT WRITE BELOW THIS LINE - TOWNSHIP/POLICE USE ONLY

Chief of Police: _____ Date: _____

Reason for Denial: _____

Township Approval: _____ Date: _____ Permit Exiperation Date: _____