

Solicitation Permit

1. Fill out application.

Applicant must have 2 pictures and a driver's license for identification.

2. Copy both sides of driver's license for file.

3. Two photos must be 2"x2" (passport size). We keep the photos for our records/solicitation card.

4. Application fee is **\$200.00 for 6 months. (Cash, Certified Bank Check or Money Order).**

Note: if application is denied, money is not refundable.

5. Fill out State Police Criminal Records Check and either go on line at epatch.state.pa.us or mail the application to 1800 Elmerton Ave, Harrisburg Pa 17110 with a \$10.00 fee to obtain Records Check. The Records check must be submitted with the application. No back ground check shall be older than **10** days prior to the date the application is filed.

If solicitor is planning to sell from private property (such as a service station), he/she must obtain a letter from the proprietor to giving permission for sale of such merchandise. This letter must be given to Michael McAndrew, Code Enforcement Officer to be approved by the Zoning Hearing Board.

6. When completed, application goes to police for clearance and Chief's signature.

7. Application will need to be signed off by Michael McAndrew.

Once completed you will receive a call from the police department to pick up your solicitation permit.



GUIDELINES FOR SOLICITATION WITHIN WHITPAIN TOWNSHIP

It is to be understood that the permit can be issued for a six (6) month period and at the end of the six (6) months from the date of issue the permit must be reissued and an additional fee paid. Soliciting permitted between the **hours of 9:00 a.m. – 9:00 p.m.**

Permits can be issued only for the purpose shown above and if the applicant wishes to solicit for another purpose, a new application must be made.

Permit card will not be transferred or loaned from the person whose photograph and identity appears on the card, to any other person. This will render the permission invalid and may not be renewed.

Permit can be revoked at any time, for just cause upon the discretion of the Township authorities.

UPON REQUEST THE PERMIT MUST BE DISPLAYED TO ANY PROSPECTIVE CUSTOMER ANY POLICE OFFICER.

Persons in violation of the Ordinance under which this permit is issued will be subject to a fine of \$300.00 together with the costs of prosecution, or, in default thereof, shall suffer imprisonment not to exceed thirty (30) days in the County Prison.

Signature of Applicant

Date



APPLICATION FOR PERMIT FOR SOLICITATION

Application Information

Date: _____

Name in Full: _____ Date of Birth: _____

Home Address: _____

Address at which applicant will receive notices under this ordinance

Phone#: _____ Cell#: _____

Driver's License Number and State: _____

Age: _____ Height: _____ Weight: _____ Color of Hair: _____

Color of Eyes: _____ Sex: _____ Soc. Sec. No.: _____

Identifying Scars (if any): _____

Has applicant ever been arrested for any crime _____ If so, explain _____

Business Information

Request Permit for: _____

Nature of Business or Activity: _____

Business Name: _____

Business Address: _____

Phone#: _____

Vehicle Description

Make: _____ Model: _____ Color: _____

License Plate & State: _____ Owner: _____

Signature of Applicant

Permit Granted
By _____

Permit #: _____

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.*
Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

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 Local Number 717-425-5546 1-888-QUERYPA (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"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

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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

REASON FOR REQUEST: All requests \$10.00

*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA*****

◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

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

<input type="checkbox"/> ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.) AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.
