



Douglas Township Police Department

1456 East Philadelphia Avenue
Gilbertsville, Pennsylvania 19525
Phone: 610-367-0466 Fax: 610-369-8892
Email: police@douglasstownship.org



Robert B. Evans, Chief of Police

Application for Solicitation or Peddling

Registrant Information:

Name: _____
(Last Name) (First Name) (Middle Initial)

Date of Birth: _____ Age: _____ Sex: Male Female Eye Color: _____

Social Security #: _____ Height: _____ Weight: _____ Hair Color: _____

Driver's License State: _____ Driver's License #: _____

Local Address: _____

Permanent Address: _____

Local Phone: _____ Home Phone: _____ Cell Phone: _____

APPLICANT MUST ALSO ATTACH A COPY OF A GOVERNMENT ISSUED PICTURE IDENTIFICATION, EXCEPT MINORS UNDER THE AGE OF 16

For Minors Only (Under Age of 18):

Name of Parent/Legal Guardian: _____

Address of Parent/Legal Guardian: _____

Home Phone of Parent/Legal Guardian: _____

Cell Phone of Parent/Legal Guardian: _____

MINORS AND EMPLOYERS MUST PROVIDE PAPERWORK THAT VERIFIES THE MINOR IS ELIGIBLE FOR EMPLOYMENT

Business Information:

Business/Company Name: _____

Business Address: _____

Business Phone: _____ Nature of Business: _____

Types of Wares Being Sold: _____

Vehicle Information (List All):

Year: ____ Make: _____ Model: _____ State: _____ Registration: _____

Insurance Company: _____ Policy #: _____

Year: ____ Make: _____ Model: _____ State: _____ Registration: _____

Insurance Company: _____ Policy#: _____

Year: ____ Make: _____ Model: _____ State: _____ Registration: _____

COPY OF VEHICLE(S) REGISTRATION CARD AND INSURANCE CARD MUST BE ATTACHED

Criminal History:

Have you ever been arrested for ANY crime? Yes No If you have answered yes, give the year, location, charge and disposition for each offense. _____

All applicants are required to submit a Criminal History Check from the Pennsylvania State Police (within last 30 days) by visiting <https://epatch.state.pa.us>

Affirmation:

Applicant affirms and says that the facts set forth in this application and attached documents are true and correct to the best of his/her knowledge and belief. This verification is made subject to the penalties of Section 4904 of the Pennsylvania Crimes Code, Title 18 relating to Unsworn Falsification to Authorities.

Signature of Applicant: _____ Date: _____

For Official Use Only:

Identification: Working Papers for Minors: Criminal History: Fee Paid:

Vehicle(s) Registration Card: Vehicle(s) Insurance Card:

Identification Document Issued: Permit #: _____

Approved By: _____ Date Issued: _____