



## Douglas Township Police Department

1456 East Philadelphia Avenue  
Gilbertsville, Pennsylvania 19525  
Phone: 610-367-0466 Fax: 610-369-8892  
Email: [police@douglasstownship.org](mailto: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: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**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 the last 30 days) by visiting <https://epatch.pa.gov/home>, as well as the state they reside from if out-of-state.*

**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:  Permit #: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Denied By: \_\_\_\_\_ Reason: \_\_\_\_\_ Denial Date: \_\_\_\_\_