

Lower Alsace Township

1200 Carsonia Avenue

Reading PA 19606

Phone (610) 779-6400

Fax (610) 370-0797

**Code Enforcement Department**

Permit Number: _____

APPLICATION FOR SOLICITATION PERMIT

Rev Jan 2024

PART A: TO BE COMPLETED BY APPLICANT	
Name of Applicant:	Permanent Home Address: Local Address:
Phone No.: Mobile Phone No.:	Email Address:
Name of Employer/Soliciting Organization:	Address:
Phone No.: Mobile Phone No.:	Email Address:
INFORMATION REGARDING PROPOSED SOLICITATION Application being made for the time period of: _____ through _____ for the following (Check below): <input type="checkbox"/> Peddling List type of goods, wares, merchandise being peddled : <input type="checkbox"/> Donations* List type of goods, wares, merchandise being solicited for donation: <small>*Non-Profit Organizations: Donation solicitation requires proof of registration with Commonwealth of PA. under Solicitation of Funds for Charitable Purposes Act (Registration with the PA Department of State)</small>	
OTHER INFORMATION Have you ever been convicted of a criminal offense (other than minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list offense(s), date of offense Conviction(s): List year, make, model, color, license plate number of all vehicles to be used in proposed Solicitation: Other employees/individuals assisting in this proposed Solicitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete below	
OTHER EMPLOYEES/INDIVIDUALS ASSISTING <small>(Additional sheets may be attached with all the required information)</small>	
Name of Other Employee/Assisting Individual #1:	Permanent Home Address: Local Address:
Phone No.: Mobile Phone No.:	Email Address:
Has above Individual ever been convicted of a criminal offense (other than minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list offense(s), date of offense conviction(s): 	
Name of Other Employee/Assisting Individual #2:	Permanent Home Address: Local Address:
Phone No.: Mobile Phone No.:	Email Address:
Has above Individual ever been convicted of a criminal offense (other than minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list offense(s), date of offense conviction(s): 	

STATEMENT BY APPLICANT, OWNER, and/or OWNER'S AGENT:

Review and initial all:

- _____ I/we understand a copy of the issued Solicitation Permit/License must be carried on the person doing the soliciting as outlined in this permit application, and must exhibit it upon the request to all Police Officers, Township Officials, or Citizens.
- _____ I/we understand that I/we may not engage in selling any product or soliciting any contribution not mentioned in this application or Permit/License.
- _____ I/we understand that as a condition of this application approval, Permit/License, **peddling is PROHIBITED any time on a Sunday, or upon any other day of the week before 9:00 AM or after 8:00 PM**
- _____ I/we understand that the use of a loudspeaker, horn, or any other sound amplification device for announcing my/our presence is prohibited.
- _____ I/we understand that at no time shall I/we park any vehicle upon any street or alley of the Township in order to sort, arrange or clean any goods, wares or merchandise, nor may I/we place or deposit any refuse upon any street or alley, nor may I/we maintain or keep a street or curbstone market by parking any vehicle upon any street or alley in the Township for longer than necessary in order to sell or distribute therefrom to persons residing in the immediate vicinity.
- _____ I/we understand that as a condition of this application approval, Permit/License, I/we may not operate directly from a vehicle.
- _____ I/we understand that I/we may not occupy any fixed location upon any of the streets, alleys, or sidewalks of the Township for the purpose of peddling, with or without any stand or counter.
- _____ I/we understand that the Township may deny this application if it is determined the business practices of the applicant is adverse to the public health, safety, or morals of the Township residents.
- _____ I/we understand that the Township may suspend any Solicitation Permit/License when it is deemed the suspension is to be beneficial to the public health, safety, or morals of the Township residents, or the Township may suspend any Solicitation Permit/License for giving any false information made in the application for a Solicitation Permit/License.

As the applicant/responsible party, I do hereby certify that the information provided by me on this application is true and correct. I acknowledge that it is my/our responsibility to review and comply with applicable laws, ordinances, and regulations. Approval of this permit application by the Township Official does not relieve the Owner from complying with any of these requirements.

Signature of Applicant: _____

Date: _____

PART B: TO BE COMPLETED BY TOWNSHIP OFFICIALApplication is : ☐ **Approved** ☐ **Denied** Permit No.: _____ Permit Expiration Date: _____

Reason for Denial:

Township Official Signature: _____

Date: _____

Permit Fee: \$ _____

Other Fees: \$ _____

Other Fees Required:

TOTAL DUE: \$ _____Reason for any
Fee Reduction/Waiver:**TOTAL PAID:** \$ _____

Paid by: _____ Method of Payment: _____ Check No.: _____ Date Paid: _____