



**WEST GOSHEN TOWNSHIP POLICE DEPARTMENT  
1025 PAOLI PIKE  
WEST CHESTER, PA 19380**

**SOLICITOR'S LICENSE APPLICATION FORM**

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS:  
Temporary while soliciting: \_\_\_\_\_ Phone: \_\_\_\_\_  
Permanent: \_\_\_\_\_ Phone: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

VEHICLE INFO: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_  
Registered to: \_\_\_\_\_ Phone: \_\_\_\_\_

STATE SPECIFICALLY: The nature of the business or activity in which you wish to engage within the Township: \_\_\_\_\_  
Length of Time: \_\_\_\_\_

The location in the Township where the sales will occur: \_\_\_\_\_

NAME OF PARENT COMPANY: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED IN ANY JURISDICTION OF ANY CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS, AND, IF SO, WHAT CRIME OR CRIMES?

**YOU MUST PROVIDE AND ATTACH** A BACKGROUND HISTORY FROM THE FOLLOWING WEBSITE : <https://epatch.state.pa.us/Home.jsp>

By signing this form, I hereby authorize the West Goshen Township Police Department to conduct a criminal history investigation as to my background. I understand that if the information learned by this investigation and the information I provided in this form do not agree, this is reason for denying the license.

SOLICITING WILL BE CONDUCTED IN WEST GOSHEN TOWNSHIP BETWEEN THE HOURS OF 8:00 AM AND DUSK, MONDAY THRU SATURDAY ONLY. THE SOLICITOR WILL CARRY THE LICENSE CARD AT ALL TIMES AND EXHIBIT IT UPON REQUEST OF ANY POLICE OFFICER OR ANY PERSON REQUESTING TO SEE THE SAME. **ANY COMPLAINTS** CONCERNING THE SOLICITOR **WILL** RESULT IN THE REVOCATION OF HIS OR HER SOLICITOR'S LICENSE **AND/OR** THE ARREST OF THE SOLICITOR.

I have read and understand the West Goshen Township's Solicitor's Application Form, and all entries are true and correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

Applicant must return this form to the West Goshen Township Police Department along with their background history with a non-refundable fee of \$50.00. Checks should be made payable to "West Goshen Township"

**DO NOT WRITE BELOW THIS LINE – POLICE DEPARTMENT USE ONLY**

License Number: \_\_\_\_\_ Person Issuing: \_\_\_\_\_ Date: \_\_\_\_\_

Criminal History Investigation Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Zoning District: \_\_\_\_\_ (To be completed by Zoning Officer)