

HORSHAM



TOWNSHIP

ROBERT H. RUXTON, *Chief of Police*

WILLIAM J. DALY, *Deputy Chief*

POLICE DEPARTMENT



1025 HORSHAM ROAD • HORSHAM, PENNSYLVANIA 19044 • (215) 643-8284 • FAX (215) 643-0390

APPLICATION FOR SOLICITING/PEDDLING PERMIT IN  
HORSHAM TOWNSHIP, MONTGOMERY COUNTY, PENNSYLVANIA

Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Perm. Address \_\_\_\_\_

Temporary Address \_\_\_\_\_

Driver's License \_\_\_\_\_ State \_\_\_\_\_ Phone# \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Hgt \_\_\_\_\_ Wgt \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Vehicle Information Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_ Registration \_\_\_\_\_ State \_\_\_\_\_

Have you ever been arrested or convicted of a crime? \_\_\_\_\_ If yes, explain

(use other side if necessary) \_\_\_\_\_

Name of organization/company \_\_\_\_\_

Address \_\_\_\_\_

Request permit for \_\_\_\_\_ EIN \_\_\_\_\_

Permit issued for \_\_\_\_\_ 1 day \_\_\_\_\_ 1 month \_\_\_\_\_ 1 year

Issued on \_\_\_\_\_ Expires \_\_\_\_\_ Fee \_\_\_\_\_

I, the undersigned, agree that the information supplied above is true and correct to the best of my knowledge. I acknowledge that I have received a copy of and understand the rules for soliciting in Horsham Township.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Permit Granted by \_\_\_\_\_ Permit # \_\_\_\_\_

Denied		Revoked		Date		By	
Reason Denied or Revoked							
OLN		PSP		Ill		Megan	
						Local	

Permit valid only for purpose and time period specified above. Permit is not transferrable. ID must be worn in a visible manner at all times. Permit is only valid in Horsham Township and may be revoked at any time for just cause.

*"An Accredited Law Enforcement Agency"*