



# Upper Salford Township

P.O. Box 100 • Salfordville, PA 18958-0100  
(610) 287-6160 • FAX (610) 287-9435

## REGISTRATION FOR LICENSE TO SOLICIT IN UPPER SALFORD TOWNSHIP

Applicant's Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

\_\_\_\_\_

Dates of Solicitation: \_\_\_\_\_

Location of Solicitation: \_\_\_\_\_

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

Vehicle: Type: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Criminal record, if any: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fee: \$30.00 Date Paid: \_\_\_\_\_

---

### Office Use Only

Verifications: \_\_\_\_\_

Approval: \_\_\_\_\_

Date of Issuance: \_\_\_\_\_

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