



New Hope Police Department

Application for License: Transient Retail Merchants and Solicitors Borough of New Hope

Instructions to Applicant:

1. Attach photograph of employee (s).
2. Submit written description of employee (s).
3. Provide exhibits of any required licenses or permits.
4. Attach application fee (s).
5. Complete the following form and submit to Chief of Police.
6. A National Crime Check shall be instituted by the State Police, and based on the forthcoming information, the Secretary shall notify applicant within fourteen (14) days of receipt of said information whether license shall be issued or denied.

Name _____ SS# _____

Home Address _____

Place and Date of Birth _____

Phone Number _____

Permanent Address _____

Name of Employer or Principal _____

Address _____

Nature of Business Activity and Product Covered by Permit _____

Have you ever been convicted of any crime? _____

If Yes,

Where _____

When _____

Nature of Crime _____

Punishment or Penalty _____

PERMIT #: _____

Previous Employment (Two Most Recent)

1. Name _____

Address _____

2. Name _____

Address _____

Will you work alone or with others? _____

Names and Descriptions of Others _____

Are you required to obtain a County License? _____

What Licenses or Permits are you required to obtain? _____

APPLICATION FEE: \$50.00 Primary License – One Employee
\$25.00 Secondary License – Each Additional Employee

DESCRIPTION OF APPLICANT: Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

REQUESTED DURATION OF LICENSE: _____
From – Date To – Date

APPLICANT'S SIGNATURE: _____

****Riverwoods & Village II are private communities that do not allow soliciting.****

I verify that the statement of the facts made by me in this application are true and correct and that they are made subject to the penalties of TITLE 18 PA C.S. section 4904 relating to Unsworn Falsification to Authorities. I further verify that I have not omitted any facts or misstated any matters pertinent to this application.

APPLICANT'S SIGNATURE: _____ DATE: _____