

APPLICATION FOR LICENSE: TRANSIENT RETAIL MERCHANTS AND SOLICITORS  
BOROUGH OF NEW HOPE

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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 following form and submit to Chief of Police.
  6. A National Crime Check shall be instituted by the Chief of Police, and based on the forthcoming information. Secretary shall notify applicant within fourteen (14) days of receipt of said information whether license shall be issued or denied.
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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 \_\_\_\_\_

PREVIOUS EMPLOYMENT (Two Most Recent)

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Will you work alone or with others? \_\_\_\_\_

Names and Description 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: \_\_\_\_\_

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: \_\_\_\_\_

P O L I C E   C H I E F ' S   R E V I E W

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
DATE OF N.C.I.C. INQUIRY \_\_\_\_\_

REVIEW AND COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
PERMIT VALID FROM: \_\_\_\_\_

PERMIT EXPIRES: \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

(Form Revision Date: 6/97)