



801 Burrows Run Rd

Chadds Ford, PA

610-388-1300

Website: Kennett.pa.us

Email:Permits@kennett.pa.us

Office Hours

8:00 A.M.- 4:00P.M.

Monday - Thursday

Solicitors License Application Form

Last Name Middle First Name SS#

Addresses: _____
Temporary: _____ Phone: _____
Permanent: _____ Phone: _____

DOB: ___/___/___ Place of Birth: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Driver's License No: _____ State: _____

Vehicle Information: Registration: _____
Make: _____ Model: _____ Year: _____ Color: _____
License Plate No: _____ State: _____

State Specifically the nature of your business or activity: _____
_____ Anticipated Soliciting Period : _____

Name of Parent Company: _____ Phone: _____
Address: _____
Contact Person: _____ Title: _____

Have you ever been convicted or arrested in any jurisdiction of any crime other than of minor traffic violations?
If so of what crime or crimes?: _____

SOLICITING SHALL BE CONDUCTED IN KENNETT TOWNSHIP IN ACCORDANCE TO THE SOLICITING ORDINANCE, MONDAY THROUGH SATURDAY ONLY. THE SOLICITOR WILL CARRY THE LICENSE CARD AT ALL TIMES AND EXHIBIT IT UPON THE REQUEST OF ANY POLICE OFFICER OR ANY OTHER PERSON. ANY COMPLAINTS CONCERNING THE SOLICITOR WILL RESULT IN THE REVOCATION OF THE LICENSE AND POSSIBLE ARREST. THE LICENSE WILL BE VALID FOR 30 DAYS

Applicant must submit this form to the Kennett Township Police Department with a photo license and payment of a non-refundable fee of \$50.00. Checks are payable to "Kennett Township". Applicant shall provide a certified a copy of a Pennsylvania Records Check. Record checks can be obtained via <https://epatch.pa.us/RCStatusSearch.jps>

By signing this form I hereby authorize the Kennett Township Police Department to conduct a criminal history investigation of my background. I understand that any discrepancy between this investigation and the information I provided in this form justifies denial of a license. I have read and understand the Kennett Township Solicitor's License application form, and hereby affirm all entries are true and correct.

SIGNATURE: _____ DATE: _____ WITNESS : _____

DO NOT WRITE BELOW THIS LINE - TOWNSHIP/POLICE USE ONLY

Township Approval: _____ Date: _____ Permit Exiperation Date: _____

Reason for Denial: _____