



Solicitation

SOUTH HEIDELBERG TOWNSHIP

Ordinance No. 275

Please submit to: South Heidelberg Township Municipal Office
555A Mountain Home Road, Sinking Spring PA. 19608
Phone: 610 678-9652 Fax: 610 678-9411

FEE: \$75.00/3 MONTHS
LICENSE EXPIRATION:

APPLICATION

APPLICANT NAME: _____ PHONE: _____

APPLICANT ADDRESS: _____

CRIMINAL RECORD, IF ANY: _____

NAME OF BUSINESS REPRESENTED BY APPLICANT: _____

BUSINESS ADDRESS: _____

PURPOSE FOR WHICH SOLICITATION LICENSE IS REQUESTED: _____

LENGTH OF TIME AND HOURS FOR WHICH SOLICITATION LICENSE IS REQUESTED: _____

TYPE OF VEHICLE, AND LICENSE NUMBER OF VEHICLE(S) TO BE USED, IF ANY: _____

(NAME AND ADDRESS) OF THREE (3) REFERENCES FOR THE APPLICANT:

1. _____
2. _____
3. _____

APPLICANT'S SIGNATURE: _____

(PROVIDE DRIVER'S LICENSE)

APPLICATION REVIEW: *TO BE COMPLETED BY TOWNSHIP*

DATE RECEIVED APPLICATION: _____

DATE APPROVED: _____

APPROVED BY: _____

DENIED BY: _____

NOTES, IF DENIED: _____

LICENSE

CALL APPLICANT FOR PICKUP AND PAYMENT—PROVIDE COPY OF ORDINANCE 275

LICENSE APPROVED DATE: _____

LICENSE FEE: _____

CASH/CHECK #: _____

APPROVED BY: _____

LICENSE EXPIRATION DATE: _____

