

*Salford Township*



139 Ridge Road, PO Box 54, Tylersport, PA 18971

Phone: 215-257-5664

Fax: 215-257-1093

**REGISTRATION FOR LICENSE TO SOLICIT IN SALFORD TOWNSHIP**

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

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

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

Employers Name: \_\_\_\_\_

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

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

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

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

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

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

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

Criminal Record (if any) \_\_\_\_\_

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

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

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

Office Use Only

Verification:

Approval

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

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