



# ABINGTON TOWNSHIP POLICE DEPARTMENT

## SOLICITOR PERMIT APPLICATION

NAME:	
ADDRESS:	EMAIL:
TELEPHONE NUMBER(S):	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

COMPANY NAME:
COMPANY ADDRESS:
COMPANY TELEPHONE NUMBER:
TYPE OF BUSINESS/DESCRIPTION OF PRODUCT/SERVICE OFFERED:

VEHICLE REGISTRATION AND STATE:
VEHICLE MAKE/MODEL, YEAR, COLOR:

**Have you ever been arrested?      Yes / No (circle one).    If yes, list date of arrest and charges:**

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**I have received a copy of the Abington Township Solicitation Ordinance and the No Solicitation Registry and will comply with all aspects of the Solicitation Ordinance. I have read and understand the permit regulations form.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

APD use only	Permit issued: YES / NO	Date issued:	Duration:
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