



ABINGTON TOWNSHIP POLICE DEPARTMENT SOLICITOR PERMIT APPLICATION

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

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

Have you ever been arrested? **Yes / No (circle one)**

By signing below, you agree to comply with the Abington Township Ordinances. Any aggressive behavior towards our residents or failure to adhere to the rules will result in a personal citation for the violation and revocation of your permit.

You will be receiving a copy of the Abington Township Solicitation Ordinance and the No Solicitation Registry. I have read and understand the permit regulations form.

Signature: _____ Date: _____

ABINGTON POLICE USE ONLY:

DATE:	RECORDS CHECK BY (sign):	
ARREST DATE:	CHARGES:	
PERMIT ISSUED: YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE ISSUED:	MONTH: