



BUCKINGHAM TOWNSHIP POLICE DEPARTMENT

4613 HUGHESIAN DR, P.O. BOX 443, BUCKINGHAM, PA 18912

JOHN R. LANDIS
LIEUTENANT

BUSINESS# (215) 794-8812
FAX# (215) 794-9081
7:30 A.M. - 4:00 P.M.

Application For Registration Of Peddling Or Soliciting

I, _____, hereby make application to Buckingham Township for registration as a _____ and request that identification be issued to me, subject to recall for cause at any time pursuant to the regulations prescribed by Buckingham Township Ordinance#12

1. Full Name of Registrant: _____
2. Local Address: _____
3. Permanent Address: _____
4. Phone Number: _____ Cell Phone Number: _____
5. Have you ever been convicted of any crime? *YES / NO*. If YES, describe the nature of the offense, when and where it occurred, and what was the penalty imposed. _____

6. Give name of your employer, address of home office. _____
7. Give description of merchandise/services being offered _____
8. Physical Description- Sex: *M / F* , DOB: ___/___/___ , Age: ___ , Race: _____ , Height: _____ , Weight: _____ , Eyes Color: _____ , Hair Color: _____
9. Number of helpers: _____ If any, please write their information on reverse side of application.
10. Vehicle Description- Reg#/State: _____ / _____ Yr/Make/Model: _____
11. Length of time for which permit is to be issued: _____

*****No Permit Issued Under This Ordinance Shall Be Transferable From One Person To Another!*****

FEE(per person): A. (\$5.00) per day B. (\$10.00) per month C. (\$25.00) per year

Credentials Shown- Drivers License#/State: _____ / _____ SS#: _____
(photocopy) Other ID/Type: _____

Applicants Signature: _____ Issued By: _____ Date/Time: _____ / _____

Remarks: _____

**SOLICITING IS PERMITTED MONDAY THRU SATURDAY
BETWEEN THE HOURS OF
9:00 am AND 5:00 pm**

APPLICATION # _____ **Insure Date:** _____ **Expiration Date:** _____