



BUCKINGHAM TOWNSHIP POLICE DEPARTMENT

4613 Hughesian Drive, PO Box 443, Buckingham, PA 18912

Business# (215) 794-8812

Fax# (215) 794-9081

Hours: 7:30am - 4:00pm

Chief Michael Gallagher

Application for Registration of Peddling or Soliciting

1. Full Name of Registrant: _____
2. Local Address: _____
3. Permanent Address: _____
4. Phone Number: _____ Office Phone Number: _____
5. Physical Description - Sex: *Male / Female* DOB: ____/____/____ Age: ____ Race: ____
Height: ____ Weight: ____ Eyes Color: ____ Hair Color: ____
6. Name of your employer and address of home office: _____
7. Give description of merchandise/services being offered: _____
8. 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 _____
9. Number of helpers: ____ If any, please write their information on reverse side of application.
10. Vehicle Description- Reg#/State: ____/____ Yr: ____ Make/Model: ____ Color: ____
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!

Application FEE \$50.00 per applicant Soliciting FEE (per person): \$25.00 (per month)

Cash, Check, NO Credit Cards

I have read and understood and will abide the Township Ordinance 2021-2 as written.

Applicants Signature: _____

Credentials Shown- Drivers License#/State: ____/____ SS#: _____

(photocopy) Other ID/Type: _____

~~~~~ **DO NOT WRITE BELOW THIS LINE** ~~~~~

Issued By: \_\_\_\_\_ Date/Time: \_\_\_\_/\_\_\_\_/\_\_\_\_

Remarks: \_\_\_\_\_

APPLICATION # \_\_\_\_\_ Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**SOLICITING IS PERMITTED ONLY BETWEEN THE  
HOURS OF 8:00 AM AND 9:00 PM**