Phone 610-777-1343 Fax 610-796-0850

Note: "A PERMIT MAY BE DENIED IN ACCORDANCE WITH THE PROVISIONS OUTLINED IN ACT 90 OF 2010, THE NEIGHBORHOOD BLIGHT RECLAMATION AND REVITALIZATION ACT"

AN OWNER'S AFFIDAVIT OF CONSENT MUST BE FILLED OUT; OR A LETTER OF AUTHORIZATION FROM THE OWNER MUST BE ATTACHED.

## **SOLICITING PERMIT Township of Cumru**

To	ownship of Cumru	I	
SOL Permit #	DATE		
APPLICATION FOR LICENSE FOR SOLI MERCHANTS, AND/OR DISTRIBUTING			
In accordance with Ordinance No. 683, app	roved November 18, 2008	3.	
NAME OF APPLICANT (PRINT)	OCCUPATION		
ADDRESS			
ADDRESSSTREET NO.	CITY	STATE	ZIP
PHOTO ID MUST BE SUBMITTED WI	TH THE APPLICATIO	<u>N</u> Phone#	
APPLICANTION MUST BE FILLED IN	N COMPLETELY. INCO	OMPLETE APPLIC	CATIONS WILL
NOT BE ACCEPTED			_
MOTOR VEHICLE DATA: MAKE	MODEL	LIC. PLATE #	
LENGTH OF TIME LICENSE IS DESIRED			
NAME OF EMPLOYER		PHONE #	
ADDRESS OF EMPLOYER			
REFERENCE OTHER THAN EMPLYER			
ADDRESS OF REFERENCE			
STREET & ADDRESS	CITY	STATE ZIP PI	HONE #

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Each individual, <u>INCLUDING F</u>	<u>IELPERS</u> , must have a separate :	soliciting permit. Non-transferable
PURPOSE OF THE LICENSE:		
APPLICANT SIGNATURE:		
THIS IS NOT AN ENDORSEM	FICATE OF LICENSE REGI IENT OR RECOMMENDATION DUCT OR SERVICES OFFERE	N BY THE TOWNSHIP OF CUMRU
	request of ANY Official or citizer eparate license. NOT TRANS	
Date of Issue	Date of Expiration60 days fr	No com issued date
Fee \$50.00 APPROVED:	•	
Secretary/Codes Department		Police Officer