

Application Date: _____

Permit Number: _____

Solicitation/Transient Permit

Permit Fee: _____

Lower Southampton Township

1500 Desire Ave. Feasterville, Pa 19053

215-357-7300

Solicitation () Transient Retail Business ()

Name of Applicant: _____ Phone Number: _____

Address of Applicant: _____

Describe Criminal Record: (if any) _____

Name of Company: _____ Phone Number: _____

Address of Company: _____

Motor Vehicle to be used: (Make & Model) _____

License Plate of Motor Vehicle: _____ Driver's License Number: _____

Include Photocopy of both sides of Driver's License

Describe Type of Goods, Wares and/or Merchandise: _____

Proposed Solicitation Dates : From _____ To _____

For Transient retail business located on private property, written permission from the property owner must be obtained and submitted with application for license.

License holder must carry approved license on his/her person at locations where engaged in business, and shall exhibit such license upon request to all police officers, municipal officials, and citizens or residents of the Township or this license is to be displayed if possible at the location where engaged in business.

_____(Signature of Applicant)

_____(Zoning Official)

Approved () Denied () _____