



Lower Southampton Township

Bucks County, Pennsylvania
1500 Desire Avenue – Feasterville, PA 19053
Phone: (215) 357-7300 – E-Mail: permits@lstwp.org

** OFFICE USE ONLY**
FEE:
PERMIT NO.:

SOLICITATION / TRANSIENT PERMIT APPLICATION

I. TYPE (MUST choose one)

Solicitation Transient Retail Business

II. APPLICANT INFORMATION (Each line item MUST be completed)

Name:

Address: City: State: Zip:

E-Mail: Phone No.:

Describe Criminal Record *(if any)*

III. EMPLOYER/ORGANIZATION INFORMATION (Each line item MUST be completed)

Name of Employer/Organization:

Address: City: State: Zip:

Immediate Supervisor:

E-Mail: Phone No.:

Purpose of Solicitation:

Start Date: End Date:

Make and Model of Motor Vehicle to be used:

IV. REQUIRED DOCUMENTATION

SOLICITATION PERMIT APPLICATION SUBMISSIONS MUST INCLUDE:

- PA Criminal Background Check *(issued within 6 months)*
- Color Copy of Drivers' License *(front and back)*
- Color Copy of Company ID
- Letter on Company Letterhead Describing Product to be Discussed

TRANSIENT PERMIT APPLICATION SUBMISSIONS MUST INCLUDED:

- PA Criminal Background Check *(issued within 6 months)*
- Color copy of Driver's License *(front and back)*
- Copy of a Valid Bucks County Department of Health License
- Written Permission from Property Owner

V. APPLICANT'S CERTIFICATION (Signature REQUIRED)

I certify that there are no willful misrepresentations in or falsifications of the above statements and answers to questions. I am aware that any falsehoods or misrepresentations will bar me from obtaining a permit or constitute grounds for later cancellation of the permit.

Applicant Signature:

Date:

FOR OFFICE USE ONLY

Zoning Officer Decision: Approved Denied

Zoning Officer Signature:

Date: