



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:

Make and Model of Motor Vehicle to be used:

IV. REQUIRED DOCUMENTATION (application & all required documents MUST be submitted together)

SOLICITATION PERMIT APPLICATION SUBMISSIONS MUST INCLUDE:

- PA Criminal Background Check *(issued date 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.

Number of Days: (Choose One)

- _____ One DAY \$50.00 *per applicant*
 _____ One WEEK \$150.00 *per applicant*
 _____ One MONTH \$300.00 *per applicant*

TRANSIENT PERMIT APPLICATION SUBMISSIONS MUST INCLUDE:

- PA Criminal Background Check *(issued date 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

Sales: Christmas Tree; Flower; Fireworks... etc. \$100.00 *per applicant*
 Food Trucks/Vendors operating on Non-Township Property \$750.00 / 6 months *per applicant*

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: _____

DATES VALID: _____ thru _____