



WEST POTTS GROVE TOWNSHIP

980 GROSSTOWN ROAD
STOWE, PENNSYLVANIA 19464-6124

(610)-323-771
FAX (610)-323-4124

SOLICITATION PERMIT REQUIREMENTS

Persons applying for a Solicitation Permit in West Pottsgrove Township, Montgomery County, will comply with the following requirements:

1. The applicant will be required to complete a solicitation application and submit it to the Township Manager.
 - i. Business Name, address or who they are representing
 - ii. Contact list of persons who will be doing the soliciting (name and address)
 - iii. Previous criminal history (if applicable) of any of those persons on the license
 - iv. Vehicle make, model and plate and registration number of participants on the license
 - v. Copy of two forms of ID, State & Company ID
2. Times allowed for soliciting
 - i. Monday through Saturday (9:00am to 5:00pm)
 - ii. NO soliciting on Sunday
3. Parking restriction
 - i. While parked on township streets or alleys, it is not permitted to sort, rearrange or clean goods
 - ii. No fixed location on township streets or alleys to solicit goods
4. Participants must carry documentation authorizing them to be engaged in these activities, including issued permit
5. Fee schedule – Check made payable to West Pottsgrove Township – No cash or Cards
 - i. \$15/day
 - ii. \$75/week
 - iii. \$225/month
 - iv. \$1,500/year
 - v. License will be revoked if the individual does not abide by the aforementioned requirements and no refund will be issued

APPLICATION FOR SOLICITATION PERMIT

PERMIT # _____

NAME OF APPLICANT _____

PERSONAL ADDRESS _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

PURPOSE OF PERMIT _____

LOCATION OF SOLICITATION _____

DESCRIPTION OF SERVICES BEING SOLICITED _____

DO YOU HAVE A CRIMINAL RECORD _____

IF YES, PLEASE EXPLAIN _____

VEHICLES TO BE USED: YEAR _____ MAKE _____ MODEL _____

COLOR _____ PLATE NUMBER _____

DRIVERS LICENSE NUMBER _____

START DATE OF PERMIT _____ DATE PERMIT EXPIRES _____

CIRCLE ONE OF THE FOLLOWING:

ONE DAY - \$15 ONE WEEK - \$75 ONE MONTH - \$225 ONE YEAR - \$1,500

CHECK NO. _____ AMOUNT _____

SIGNATURE OF APPLICANT _____

DATE _____

TOWNSHIP MANAGER APPROVAL _____

DATE _____