



# BENSALEM TOWNSHIP

Building and Planning Department  
Office 215-633-3644 • Fax 215-633-3753  
2400 Byberry Road • Bensalem, PA 19020

## APPLICATION SOLICITOR/PEDDLER LICENSE

|              |  |
|--------------|--|
| Permit #     |  |
| Date         |  |
| Tax Parcel # |  |

To the best of his/her knowledge, the undersigned certifies that the information contained in this application is true and correct. The information is being furnished to make application for a license to solicit and/or peddle within the Township of Bensalem, and applicant agrees to abide by all regulations set forth in the Township Ordinance.

1. Applicant's Full Name: \_\_\_\_\_  
 Social Security No. \_\_\_\_\_  
 Applicant's Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_

2. Applicant's Age: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Gender:  Male  
 Date of Birth: \_\_\_\_\_ Eye Color: \_\_\_\_\_  Female  
 Race: \_\_\_\_\_  
 Driver's License No. \_\_\_\_\_ State Where Issued: \_\_\_\_\_

3. Has applicant ever been convicted or pleaded guilty to any crime?  
 YES  NO  
 If Yes, \_\_\_\_\_  

| Crime | Date of Conviction-Plea | Location |
|-------|-------------------------|----------|
|       |                         |          |
|       |                         |          |

4. Name of Employer: \_\_\_\_\_  
 Address of Employer: \_\_\_\_\_  
 Employer's Phone No: \_\_\_\_\_  
 Employer is a :  Corporation  Partnership  Individual  Association

5. Name of company for whom you are soliciting?  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Description of item for which you will be soliciting: (Service, Article, Device, Subscription, Contract, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** Applicant is required to apply for a criminal records check through the Pennsylvania State Police. Copy and paste the link for the website to make this application. <https://epatch.state.pa.us>

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| Employer's Signature | Date | Applicant's Signature | Date |
|----------------------|------|-----------------------|------|

**A SIGNED COPY OF THIS APPLICATION IS REQUIRED PRIOR TO ISSUANCE OF LICENSE**

### OFFICE USE ONLY

APPROVED

DENIED

\_\_\_\_\_  
Director of Building & Planning

\_\_\_\_\_  
Date