



EAST GOSHEN TOWNSHIP
PEDDLING & SOLICITING LICENSE APPLICATION

1580 PAOLI PIKE WEST CHESTER, PA 19380-6199
PHONE (610)-692-7171 FAX (610)-692-8950 www.eastgoshen.org

(PLEASE PRINT. SUBMIT 2 PHOTOS (2 INCHES BY 3 INCHES) TAKEN WITHIN THE LAST SIX MONTHS THAT COMPLY WITH U.S.PASSPORT STANDARDS

Date: _____ Social Security #: _____

Name: _____
Last First M.I.

Birth Place: _____ Date of Birth: _____

Address: _____
Street Name & Number, P.O. Box and/or Apt #

City, State & Zip Code

Phone: _____

Employed by: _____

Address: _____
Street Name & Number, P.O. Box and/or Apt #

City, State & Zip Code

Phone: _____

Business Activity: _____ NON-PROFIT: NO YES

State specifically the nature of the business activity in which you wish to engage within the Township.

Have you ever been convicted in any jurisdiction of any crime constituting a misdemeanor, felony or summary offense other than that of minor traffic violations. NO YES and, if so, of what crime or crimes? Describe below

Are you currently subject to any court ordered supervision? NO YES and, if so, Describe below

I hereby verify and affirm that all the information on the application is true, correct and complete to the best of my knowledge, ability and belief. I understand that if the application and information has been made with fraudulent intent, I may be guilty of a misdemeanor of the second degree punishable by a fine up to \$ 5,000.00 and/or imprisonment up to two (2) years upon conviction, pursuant to 18 PA C.S.A # 4904 relating to unsworn falsification to authorities. I understand that East Goshen Township required a criminal history and/or background check prior to the issuance of a solicitation permit and I hereby give my consent for them to do so. Upon receipt of background check information the Township will redact the applicants SSN above.

Signature of Applicant