



NEW BRITAIN TOWNSHIP POLICE DEPARTMENT  
207 PARK AVENUE ~ CHALFONT, PENNSYLVANIA 18914  
Tel: 215-822-1910 / Fax: 215-822-1584

## APPLICATION – PERMIT FOR SOLICITATION

*\* ALL information requested below is required. Applications can be applied for in person during normal business hours or via U.S. Mail. Applications will be processed within three (3) to five (5) business days. Applications WILL NOT be processed until payment is received. Checks are made payable to "NEW BRITAIN TOWNSHIP."*

FEES (per applicant): \$20.00/day \$50.00/week \$100.00/month

NAME OF APPLICANT (first, middle, last): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH (mm/dd/yy): \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

PLACE OF BIRTH (city/state): \_\_\_\_\_

GENDER: \_\_\_\_\_ RACE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

HAS THE APPLICANT EVER BEEN ARRESTED?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

VEHICLE TO BE USED DURING SOLICITATION:

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

REGISTRATION # \_\_\_\_\_ STATE: \_\_\_\_\_

NAME OF ORGANIZATION REPRESENTED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NATURE OF BUSINESS OR ACTIVITY: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

*(Please DO NOT write below this line – Township Use Only)*

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

CHECK # \_\_\_\_\_

CASH \$ \_\_\_\_\_

DATE PERMIT ISSUED: \_\_\_\_\_ DATE PERMIT EXPIRES: \_\_\_\_\_

PERMIT # \_\_\_\_\_