



MALVERN BOROUGH

POLICE DEPARTMENT
ONE EAST FIRST AVENUE
SUITE ONE
MALVERN, PA. 19355-2743

Emergency - Dial 911
Administration (610) 647-0261
Fax/Tipline (610) 647-6166

APPLICATION FOR SALESMAN/SOLICITOR'S LICENSE

No. _____ Date _____

I hereby apply for Salesman/Solicitor's License under the terms of Malvern Borough Ordinance 254, Section 6-4001 to 6-4008 and submit the following information required thereby:

NAME _____ HOME PHONE # _____

ADDRESS _____ SOC. SEC. # _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

BUSINESS ADDRESS _____ BUSINESS PHONE # _____

EMPLOYER'S NAME AND ADDRESS _____

EMPLOYER'S BUSINESS _____

MY BUSINESS IN BOROUGH _____

OF PERSONS ACCOMPANYING ME _____

TRANSPORTATION I (WE) WILL USE - TYPE VEHICLE(S) & LICENSE NO.(S) _____

Have you ever been convicted of a crime other than a minor traffic violation?

Yes _____ No _____ If answer is "yes", list all crimes and dates, location and disposition _____

In consideration of the sum of \$ _____, permission is hereby granted to the above named applicant to proceed with his transient retail business as described herein. Such application shall be suspended or revoked should the Mayor deem such suspension or revocation to be in the interest of the public health, safety or morals, or for any violation of any provision of this chapter, or for giving false information upon any application for a license hereunder. It is further understood that no license fee shall be refunded to any person whose license shall have been suspended or revoked. This permit expires _____. I hereby certify the above answers are true and complete.

Applicant

Color _____ Height _____ Hair _____ Scars & Marks _____
Sex _____ Weight _____ Eyes _____
Nationality _____ Complexion _____ Build _____

Issuing Officer _____