PROVIDENCE TOWNSHIP, LANCASTER COUNTY, PENNSYLVANIA

200 MT. AIRY ROAD, NEW PROVIDENCE, PA 17560

PHONE: 717-786-7596 FAX: 717-786-2565

ALL FEES ARE NON-REFUNDABLE and payable (check or exact cash) upon completion and submission of each application

$22.00 – Background Check

$25.00 – One Day	$250.00 – One Month
$75.00 – One Week	$600.00 – One Year

Application for Transient Merchant License

*All individuals soliciting in Providence Township must first obtain a Transient Merchant License

Name: _____
Last First M.I.

Address: Temporary while soliciting _____

Permanent: _____

Date of Birth:_____ Place of Birth: _____ Social Security # _____

Drivers License # _____ Issuing State: _____ Date Issued: _____ Date Expires: _____

Copy of Drivers License required to be kept on file at Providence Township

Vehicle Info: Make: _____ Model: _____ Year: _____

Color: _____ License Plate# _____ State: _____

Company/Business represented: _____

Address: _____

Supervisor Name & Phone Number: _____

Nature of the business or activity in which you are engaged: _____

Soliciting will be conducted in Providence Township, Lancaster County between the hours of 8:00 AM and 7:00 PM, Monday through Saturday only. Solicitation is forbidden on Sundays and on all legal holidays. The solicitor will carry the license at all times and exhibit it upon the request of any police officer or any person requesting to see same. Any complaints concerning the solicitor will result in the revocation of his/her solicitor's license, and/or the arrest of the solicitor.

By signing this form, I hereby authorize Providence Township or their designee to conduct a criminal history investigation as to my background. I understand that if the information learned by this investigation and the information I provided in this form do not agree this will be the reason for denying the license.

I have read and understand the Providence Township, Lancaster County Solicitor's Application Form and all entries are true and correct.

Signature: _____ **Date:** _____ **Witness:** _____

Applicant must complete this form and submit same with a non-refundable fee based on Ordinance 14-02

For Township Use Only:

Lic #: _____ Issuing Agent: _____ Date: _____

Criminal History Investigation Completed by: _____ Date: _____

Reason for denial: _____