## **PERMIT APPLICATION** THIS SECTION FOR TOWNSHIP USE MIDDLETOWN TOWNSHIP **3 MUNICIPAL WAY** Date Rec'd Init **SOLICITOR LANGHORNE, PA 19047** Date App'd Init **COMPANY CONTACT INFORMATION APPROVED** Company Contact Name Chief of Police Address Phone Address Cell Address Fax Web Email **SOLICITOR INFORMATION - EACH EMPLOYEE PERMITTED DATES** FROM Name Home Phone TO Address Cell Address Email Solicitor Address Govt Issued ID # & State \$100/pp/30 days \$3/NonProfit \_\_\_Yes Were you ever convicted of a crime? No If yes: Offense, when, where, penalty. I certify that this information is true and complete. I certify that I have read and agree to follow all ordinances and/or policies relative to this application. Not following said rules and regulations will result in revocation of all permits and licenses, without refund. l authorize Middletown Township to perform a criminal background investigation.

Date

Signature