

MUNICIPALITY OF BETHEL PARK

Police Department • 5100 West Library Ave. • Bethel Park, PA 15102-2785 • (412) 833-2000

John W. Mackey, Chief of Police • (412) 831-6800 • FAX (412) 851-0519

TO WHOM IT MAY CONCERN:

Attached please find the following form that is needed when applying for a Solicitor's Permit in Bethel Park.

SOLICITOR'S PERMIT APPLICATION - This form **must** be printed or typed so that all information is legible. The form must be filled out completely with a signature of the applicant. If there are sections that do not apply, then insert "N/A" in that section. A 2" x 2" picture showing the person from the shoulders to the top of their head (front view) **must** be attached to the application (no blurred Polaroid pictures or a copy of the PA Driver's License). No other size shall be acceptable. **If the above directions are not followed, the application(s) shall be returned.** Three working days are needed for background checks before solicitation is to commence. Permits can only be picked up at the Police Department between the hours of **9:00 am to 11:30 am and 1:00 pm to 3:00 pm.**

1. SOLICITOR'S FEE SCHEDULE

| | |
|--------------------------------|----------|
| INITIAL FEE (PROCESSING FEE) - | \$ 5.00 |
| WEEK PER PERSON - | \$100.00 |
| MONTH PER PERSON - | \$250.00 |
| NON-PROFIT ORGANIZATION - | NO FEE |

2. SOLICITOR'S HOURS

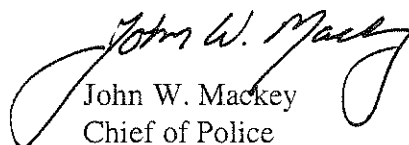
| | |
|----------------------|-------------------------|
| MONDAY THRU FRIDAY - | 10:00 AM - 4:00 PM |
| SATURDAY - | 10:00 AM - 12:00 NOON |
| SUNDAY - | NO SOLICITING PERMITTED |

ONLY NON-PROFIT ORGANIZATIONS MAY SOLICIT ANY DAY OF THE WEEK FROM 10:00 AM TO 9:00 PM.

The above information has been provided to help expedite the processing of the above applications in a timely manner.

Sincerely,

BETHEL PARK POLICE DEPARTMENT


John W. Mackey
Chief of Police

/jls
Attachment

**BETHEL PARK POLICE DEPARTMENT
SOLICITOR'S PERMIT APPLICATION**

DATE _____

PERMIT NO. _____

APPLICANT INFORMATION *(Please Print):*

Name _____ Soc.Sec.No. _____ Birthdate _____
Address _____ Driver Operator No. _____ State _____
_____ Home Phone () _____ Work Phone () _____
Height _____ Weight _____ Hair Color _____ Eye Color _____ Complexion _____

VEHICLE INFORMATION:

Year _____ Make _____ Color _____ Car _____
License Plate No. _____ State _____ Truck _____
Owner's Name _____
Address _____

(Attach Photo Here)
Must be a recent 2" x 2" photo of
Applicant showing head and shoulders
Must be attached to this application
Upon completion of same.

EMPLOYER INFORMATION:

Name _____
Address _____

Phone No. _____
Description of business or goods to be sold: _____

NON-PROFIT ORGANIZATION Y_____ N_____

Immediate Supervisor _____
Address _____

Phone No. _____

CRIMINAL HISTORY:

Arrests (Other than Traffic Violations): _____

Convictions: State _____ County _____ Year _____ Sentence _____

Failure to fully complete this form may be cause for rejection of this application.

Date _____

Signature of Applicant _____

OFFICE USE ONLY

NCIC _____ If not cleared, give reason on back.

Issued _____
Expires _____
Reissued _____
Expires _____

APPROVED _____ DATE _____ DISAPPROVED _____ DATE _____

FEE SCHEDULE PER PERSON

Processing Fee (\$5) _____ Per Week (\$100) _____ Per Month (\$250) _____

Cash _____ Check # _____

TOTAL FEE \$ _____