



LOGAN TOWNSHIP

POLICE DEPARTMENT

100 CHIEF LOGAN CIRCLE, ALTOONA, PA 16602-4337

PHONE: 814-949-3364 FAX: 814-949-3351

email: ltpd@atlanticbbn.net

TRANSIENT MERCHANT LICENSE DOOR TO DOOR OR TELEPHONE SALES

Persons and firms planning to conduct a direct sales, door-to-door business in the Township of Logan, shall make official application to do so when such business transaction shall be considered as soliciting of orders, vending, peddling, and hawking.

An applicant shall submit to Logan Township the information required in accordance with Logan Township's Code of Ordinances "The Regulation and Licensing of Transient Retail Merchants", Chapter 13 § 304, together with a non-refundable license fee established by the Township from time to time. Said application shall not become effective for at least forty-eight (48) hours for one license application or at least seven (7) days for two or more license applications submitted during which time said applicant will or will not be cleared by investigation. The license must be renewed on the first day of each successive month and pay the appropriate fee to continue in operation. Applicants that pay for a yearly license must also renew this application on the first day of each successive month to continue in operation. Any violation of said ordinance will result in revocation of license. Authorized hours 9:00 A.M. to 5:00 P.M. Monday through Saturday

PLEASE COMPLETE IN DETAIL

Date of Application: _____
Full Name _____ Date of Birth _____
Home Address _____
Local Address _____
Telephone No. _____ Cell Phone No. _____
Social Security No. _____ Driver's License No. and State _____
Sex _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A SUMMARY? Yes No

(Including any felony, misdemeanor, crime of theft, and/or theft by deception charges)

If yes, give details and location. When _____ Where _____
Offense _____ Disposition _____

Firm or Business Name _____
Business Address _____
Local Address _____
Local Telephone _____ Corporate Telephone _____

Type of Business (describe fully -nature of goods, wares or merchandise offered or intended to be offered for sale) _____

Sales are: Door to Door Telephone Cash Contract (Attach copy of Contract)

Logan Township Transient Merchant License Door to Door or Telephone Sales

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Bank References _____

Make, model, color of vehicle to be used _____
License Plate No. _____ State Issued _____

Names and addresses of persons working with you _____

By Signing this document, you give the Logan Township Police Department permission to search the AOPC and the PA State Police Criminal History Depository to investigate/search your criminal history.

Applicant shall agree to furnish a photograph or be photographed and/or submit to fingerprinting by the Logan Township Police Department.

I verify that I am the applicant as designated herein and that the facts and statements contained in this application are true and correct to the best of my knowledge. I understand that any false statements are made subject to the Penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Parent's Consent (if under eighteen years of age)

Parent - Print Name

Parent - Signature

Applicant's Signature

For Police Department Use Only:

Date Application Submitted: _____

Total Number of Applications Submitted: _____

Photograph Taken by LTPD Photograph Needed

Date Criminal History Completed: _____ By: _____

APPROVED Date: _____

DENIED Reason: _____