

**UPPER MERION TOWNSHIP VENDOR'S APPLICATION**

PERMIT # \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ DATE EXPIRES: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

SOCIAL SECURITY # : \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ NATURE OF BUSINESS: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF LOCAL SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSN VEHICLE: YR \_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ PLATE # \_\_\_\_\_ ST \_\_\_\_ VIN# \_\_\_\_\_

**APPLICANT MUST PRESENT VALID PICTURE IDENTIFICATION**

HAVE YOU EVER BEEN ARRESTED FOR ANY CRIME? \_\_\_\_\_ If YES, give charge, location, year and disposition of case for each offense. If additional space is required, use reverse side of this sheet.

COPY OF PSP CRIMINAL HISTORY CHECK ATTACHED? \_\_\_\_\_ (Must be dated within five days of submitting the application)

IF APPLICABLE, DO YOU HAVE A PA DEPARTMENT OF HEALTH LICENSE? \_\_\_\_\_ (IF YES, Proof Required)

DATE OF ISSUE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND FURTHER UNDERSTAND THAT ANY FALSIFICATION CAN BE CONSIDERED JUST CAUSE FOR REFUSAL OR REVOCATION OF THIS VENDOR'S PERMIT.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(SIGNATURE MUST BE LEGIBLE OR THE APPLICATION WILL BE REJECTED)

**APPLICANT MUST APPEAR PROMPTLY AT THE DESIGNATED TIME: LATE ARRIVALS WILL BE RE-SCHEDULED**

**FOR OFFICIAL USE ONLY:**

VERIFIED IDENTIFICATION: \_\_\_\_\_ COPIED IDENTIFICATION: \_\_\_\_\_ UMPD RECORDS CHECK: \_\_\_\_\_

PSP CRIMINAL HISTORY CHECK PROVIDED: \_\_\_\_\_ BMV CHECK: \_\_\_\_\_ FEE PAID: \_\_\_\_\_

FINGERPRINTED: \_\_\_\_\_  
(Date) (Time) (SIGNATURE OF OFFICER)

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REJECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_