



Allegheny Township Police Department

3131 Colonial Drive
Duncansville, Pennsylvania 16635-8013
Station: (814) 695-3333 / Dispatch: (814) 940-5910
Facsimile: (814) 695-5010
Email: atpd@alleghenytownship.us
Michael W. Robison, Chief of Police



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

An application fee of twenty (\$25.00) shall accompany this application in the accordance with Section 4, of Allegheny Township Ordinance #244-06-11-2015, and said application of registration shall not become effective for forty-eight (48) hours or at least 7 days for two or more license applications, during which time said applicant will or will not be cleared by investigation. The license must be renewed the last day of each preceding month to continue in operation. Any violation of said ordinance will result in revocation of license. Authorized hours are 9:00am to 8:00pm.

PLEASE COMPLETE IN DETAIL

Date _____

Applicants Name _____

Address _____

Phone _____

Firm or Business Name & Immediate Supervisor (Specify if Self Employed) _____

Employer's Address _____

Employer's Phone _____

Describe Type of Business (including goods, wares, services or merchandise offered for sale)

Name/Address of all Helper(s), Including Date of Birth and Social Security # (If necessary, attach list of additional information): _____

Motor Vehicle(s) Used (If necessary, attach list of additional information)

Description of Vehicle: _____ License Plate #/State: _____

Other information _____

Have you ever been convicted of a crime, either misdemeanor or felony? YES/ NO

If so briefly explain: _____

By signing this document, you give the Allegheny Township Police Department Permission to search the AOPC and 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 Allegheny 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.

Signature of Applicant _____ Date _____

For Police Department Use Only:

Date Application Submitted: _____

Total number of Applications Submitted: _____

☐ Photograph on File

Date Criminal History Completed: _____ By: _____

☐ APPROVED Date: _____

☐ DENIED Reason: _____