SOLICITATION APPLICATION

Application must be submitted, in person, to the Malvern Borough Police Department
1 East First Avenue, Suite 1, Malvern, PA 19355
(Mon-Fri; 8:30AM – 12:30PM, 1:30PM – 4:30PM)

REQUIRED DOCUMENTATION

1. **Photographs.** The applicant shall provide with his application pursuant to this section 2 photographs of the applicant, such photographs having a portrait orientation with minimum dimensions of each photograph of 2 inches by 3 inches, taken within 6 months prior to the date of the application.

2. **Criminal Background Check.** Together with the application, the applicant shall provide certified criminal background check information indicating that the applicant has not been convicted of any offense which would disqualify the applicant pursuant to this chapter as follows:

   a. The applicant shall provide a certified report of a criminal background check conducted by the Pennsylvania State Police; **AND** the applicant shall provide either:

      i. Sworn affidavit stating that the applicant has resided in the Commonwealth of Pennsylvania continuously for the previous 10 years and has not ever been convicted of any offense which would disqualify the applicant pursuant to this chapter; **OR**

      ii. A report of federal criminal history record information. The applicant shall submit a full set of fingerprints to the Pennsylvania State Police for the purpose of a record check, and the Pennsylvania State Police or its authorized agent shall submit the fingerprints to the Federal Bureau of Investigation for the purpose of verifying the identity of the applicant and obtaining a current record of any criminal arrests and convictions.

REQUIRED FEES

Application: $50.00 (non-refundable)
License: $120.00 (Paid upon approval of the application and issuance of the license)

Checks or Money Orders made payable to the “Malvern Borough Police Department”
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I. APPLICANT INFORMATION

Applicant Name: ____________________________________________
First                     Last                     MI

Residence ("Notice") Address: ____________________________________________
Street                  City                     Zip Code

Sex (Circle One): Male     Female    Social Security Number: ______________

Place of Birth: ______________                  Date of Birth: ______________
City/Town and State          (MM/DD/YYYY)

II. BUSINESS INFORMATION

Business Name: ____________________________                  Principal Name: ____________________________

Business Address: ____________________________________________
Street                  City                     Zip Code

Business Type and Purpose: ____________________________________________

Business Telephone: ____________________________

Federal Tax Identification Number (If applicable): ____________________________

Pennsylvania Sales Tax Identification Number: ____________________________

Chester County Health Department License Number: ____________________________
(Required for all Food Vendors)
III. VEHICLE INFORMATION

If utilizing a vehicle to conduct business, applicant shall provide the following:

<table>
<thead>
<tr>
<th>Vehicle Information:</th>
<th>Make</th>
<th>Model</th>
<th>Year</th>
<th>Color</th>
</tr>
</thead>
</table>

Vehicle Registration Number: _______________  Plate Number: _______________

State Registered In: _______________

**A copy of the vehicle’s current certificate of automobile liability coverage must be maintained and supplied during entire duration of approved license**

IV. DATE & TIME INFORMATION

Start Date: _______________  End Date: _______________
(MM/DD/YYYY)  (MM/DD/YYYY)

Strat Time: _______________  End Time: _______________

PENNSYLVANIA RESIDENCY AFFIDAVIT

I __________________________, (“Applicant”) have resided in the Commonwealth of Pennsylvania continuously for the previous 10 years and have not ever been convicted of any offense which would disqualify myself pursuant to this chapter.

AFFIRMATION OF ELIGIBILITY

I __________________________, (“Applicant”) affirm I have not been convicted of any felony nor am I disqualified from employment or participation in any program, activity or service pursuant to 23 Pa.C.S.A. § 6344(c) (primarily relating to violent crime and child abuse); and have not been convicted of a misdemeanor involving moral turpitude or breach of trust.

Applicant Signature: __________________________  Date: __________________
SOLICITATION APPLICATION
Malvern Borough Police Department

BOROUGH OFFICIAL USE ONLY
- Record Retention in the Police Department

CHECKLIST FOR COMPLETENESS

___ Delivered In-Person

___ $50 Application Fee (Made payable to “Malvern Borough Police Department”)

___ Photographs

___ Applicant Information

___ Business Information

___ Vehicle Information (If applicable)
  Date of Vehicle Registration Expiration: _________________
  Date of Auto Insurance Expiration: _________________

___ Date & Time Information

___ Sworn Affidavit Stating Pennsylvania 10-Yr Residency Requirement
OR

___ Federal Criminal History Record

___ PA State Police Criminal Background Check

___ Signed by Applicant

Date Application Deemed Complete: _________________

Date License is to be issued: _________________ (10 Days from acceptance)

LICENSE ISSUANCE

___ Receipt of $120.00 Check or Money Order (Check #: _________________)
  Made payable to “Malvern Borough Police Department”

Date License is Issued: _________________  License ID: _________________

Date License Expires: _________________ (1 year from date of issuance)