

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)

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III. VEHICLE INFORMATION

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

Vehicle Information: _____
Make Model Year Color

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)

Start 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: _____

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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)