



# MUNICIPALITY OF BETHEL PARK POLICE DEPARTMENT

5100 West Library Avenue, Bethel Park, PA 15102-2754

Chief of Police • (412) 831-6800 • FAX (412) 851-0519 • [police@bethelparkpolice.net](mailto:police@bethelparkpolice.net)

TO WHOM IT MAY CONCERN:

Attached please find the following form that is needed when applying for a Solicitor's Permit in Bethel Park.

**SOLICITOR'S PERMIT APPLICATION** - This form must be printed or typed so that all information is legible. The form must be filled out completely with a signature of the applicant.

If there are sections that do not apply, then insert "N/A" in that section. A 2" x 2" picture showing the person from the shoulders to the top of their head (front view) must be attached to the application (no blurred Polaroid pictures or a copy of the PA Driver's License). No other size shall be acceptable. **If the above directions are not followed, the application(s) shall be returned.** Three working days are needed for background checks before solicitation is to commence. Permits can only be picked up at the Police Department between the hours of **9:00 am to 11:30 am and 1:00 pm to 3:00 pm.**

## 1. SOLICITOR'S FEE SCHEDULE

INITIAL FEE (PROCESSING FEE) -	\$ 5.00
WEEK PER PERSON -	\$100.00
MONTH PER PERSON -	\$250.00
NON-PROFIT ORGANIZATION -	NO FEE

## 2. SOLICITOR'S HOURS

MONDAY THRU FRIDAY -	10:00 AM - 4:00 PM
SATURDAY -	10:00 AM - 12:00 NOON
SUNDAY -	NO SOLICITING PERMITTED

ONLY NON-PROFIT ORGANIZATIONS MAY SOLICIT ANY DAY OF THE WEEK FROM 10:00 AM TO 9:00 PM.

The above information has been provided to help expedite the processing of the above applications in a timely manner.

Sincerely,

***BETHEL PARK POLICE DEPARTMENT***

*Timothy C. O'Connor*

Timothy C. O'Connor  
Chief of Police

Attachment

**BETHEL PARK POLICE DEPARTMENT  
SOLICITOR'S PERMIT APPLICATION**

DATE \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

**APPLICANT INFORMATION** *(Please Print):*

Name \_\_\_\_\_ Soc.Sec.No. \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Driver Operator No. \_\_\_\_\_ State \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Complexion \_\_\_\_\_

**VEHICLE INFORMATION:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_ Car \_\_\_\_\_  
License Plate No. \_\_\_\_\_ State \_\_\_\_\_ Truck \_\_\_\_\_  
Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_

*(Attach Photo Here)*  
Must be a recent 2" x 2" photo of  
Applicant showing head and shoulders  
Must be attached to this application  
Upon completion of same.

**EMPLOYER INFORMATION:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Description of business or goods to be sold: \_\_\_\_\_

**NON-PROFIT ORGANIZATION** Y \_\_\_\_\_ N \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_

**CRIMINAL HISTORY:**

Arrests (Other than Traffic Violations): \_\_\_\_\_

Convictions: State \_\_\_\_\_ County \_\_\_\_\_ Year \_\_\_\_\_ Sentence \_\_\_\_\_

*Failure to fully complete this form may be cause for rejection of this application.*

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**OFFICE USE ONLY**

NCIC \_\_\_\_\_ If not cleared, give reason on back.

Issued \_\_\_\_\_  
Expires \_\_\_\_\_  
Reissued \_\_\_\_\_  
Expires \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE \_\_\_\_\_

**FEE SCHEDULE PER PERSON**

Processing Fee (\$5) \_\_\_\_\_ Per Week (\$100) \_\_\_\_\_ Per Month (\$250) \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_

**TOTAL FEE \$** \_\_\_\_\_