

**CHESTER TOWNSHIP
POLICY AND PROCEDURE MANUAL**

**CHESTER TOWNSHIP
TRANSIENT VENDOR REGISTRATION / APPLICATION**

- No person, business, organization, or entity is permitted to do the following until issued an approved Transient Vendor Certificate of Registration by the Chester Township Police Chief, via the Chester Township Board of Trustees.
 - Open a temporary place of business
 - Includes food trucks or other moveable or mobile business location.
 - Travel door to door either by foot or vehicle, or call upon any business places, private residences, or other persons or entities within Chester Township, with the intent to sell or offer for sale any goods, solicit orders for future delivery of goods, or arrange an appointment for a future estimate or sales call.
 - Travel door to door, either by foot or by vehicle, or call upon any business places, private residences, or other persons or entities within Chester Township, with the intent to obtain funds or commitments for any cause whatsoever.
- A Transient Vendor Permit for Chester Township may only be obtained only at the Chester Township Police Department and must be dated and approved by the Chief of Police or his designee, in order to be considered valid.
- Transient Vendor Permits, licenses, certificated of registration, or similar instruments issued by other communities or governmental entities are not valid in Chester Township.
- Transient Vendor Certificates of Registration issued by Chester Township are issued for period of time, not to exceed 90 days, from the date of issuance. Any person, business, organization, or entity that conducts any Transient Vendor activities beyond the specified time period is subject to prosecution.
- When Chester Township issues a Transient Vendor Certificate of Registration to the applicant, that person or business will be issued a list of rules and regulations that all persons conducting the Transient Vendor activities on behalf of the applicant must follow. Any Transient Vendor found in violation of any of these rules will immediately be prohibited from conducting any further Transient Vendor Activities and could be subject to prosecution.
- Transient Vendors interested in doing business in Chester Township will be required to submit an application 14 days in advance of their solicitation. The information will be verified through our Police Department and the vendor will be required to pay a fee of \$75.00. They will be provided with this list of rules, which will include hours they are permitted to solicit and a requirement to carry a copy of the license with them at all times. The regulations will prohibit solicitation in residences or businesses that display signage that prohibits peddling or soliciting activities. If a person or company is found to be soliciting without having obtained an approved Transient Vendor Permit, the will be directed to the police department to begin the application process and the fee will be increased to \$100.00

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APPLICANT INFORMATION

Name: _____

Address _____

City, State, Zip: _____

Business Phone: _____ **Cell Phone:** _____

Email: _____

Date of Birth: _____ **SSN:** _____

BUSINESS INFORMATION

Name of Business:

Address:

City, State, Zip:

Phone Number(s):

Type of Firm: _____ **State of Formation:**

Tax ID Number:

If sales will be made under another company name, such as a subsidiary, or any name different from the name supplied above, please provide that name(s) here:

Please provide a description of the proposed dates, times, and locations of the peddling and/or soliciting activities to be conducted by the transient vendor applicant or the location of the temporary place of business:

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Please provide a description of clothing, uniform, or identifying marks, brands, or logos that will be worn or displayed in connection with any peddling or soliciting conducted by the transient vendor applicant or his/her representatives:

Please describe the goods or services to be sold:

VEHICLE INFORMATION – Please list the vehicles used to transport your representatives throughout the community.

1. Make: _____ Model: _____ Color: _____
License Plate: _____ State: _____
2. Make: _____ Model: _____ Color: _____
License Plate: _____ State: _____
3. Make: _____ Model: _____ Color: _____
License Plate: _____ State: _____

****If more than three vehicles, list them on a separate piece of paper***

If you or your organization's intent is to obtain further funds or commitments for any cause, please describe what you are seeking and what organization you are working on behalf of:

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Has the applicant previously had a Transient Vendor permit or license denied or revoked? If yes, provide the date and location:

Please list the communities or municipalities in which the applicant/firm has opened a temporary place of employment, conducted transient sales, and/or conducted transient soliciting in the past twelve months:

Has the applicant, or any of the persons who will be working as a peddler or solicitor in Chester Township on behalf of the applicant or the firm previously been convicted of a criminal act classified as a felony or misdemeanor involving moral turpitude within the last five (5) years? If so, provide a description of the nature of the offense and the date and location of the same.

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PEDDLERS/SOLICITORS LIST

Provide the name, address, date of birth, and social security number for each and every agent, contractor, representative, or other individual who will be peddling or soliciting in Chester Township. If approved, only the below listed individuals will be permitted to operate under the Certificate of Registration. No substitutions permitted.

1. Name: _____
Address: _____
DOB: _____ SSN: _____
2. Name: _____
Address: _____
DOB: _____ SSN: _____
3. Name: _____
Address: _____
DOB: _____ SSN: _____
4. Name: _____
Address: _____
DOB: _____ SSN: _____
5. Name: _____
Address: _____
DOB: _____ SSN: _____
6. Name: _____
Address: _____
DOB: _____ SSN: _____
7. Name: _____
Address: _____
DOB: _____ SSN: _____

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8. Name: _____

Address: _____

DOB: _____ SSN: _____

9. Name: _____

Address: _____

DOB: _____ SSN: _____

10. Name: _____

Address: _____

DOB: _____ SSN: _____

I have completed this application truthfully and to the best of my knowledge:

APPLICANT SIGNATURE

DATE

MARK A. PURCHASE / Twp. Administrator

DATE

Only valid if signed by the Township Administrator

*If you have any questions, please contact:
Chester Township Town Hall: 440-729-7058*