

RADNOR TOWNSHIP POLICE DEPARTMENT

301 Iven Avenue
Wayne, Pennsylvania 19087-5297
(610) 688-0503 a Fax (610) 687-8852
Christopher B. Flanagan
Superintendent of Police

APPLICATION FOR VENDOR LICENSE AS PER ORDINANCE 2006-18

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Date of Application: _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Place of Birth: _____ SSN: _____

Home Address: _____
Street City County/State Zip Code

Name of Employer: _____

Employer Address: _____
Street City State Zip Code

Home Phone: _____ Cell: _____ Work: _____

Nature of Business for which license is requested within Radnor Township:

Have you ever been arrested or pled guilty to any violation of law, including military other than minor traffic offenses?

YES _____ NO _____ If Yes, explain: _____

Attach Photo Here	I, _____ (Name of Applicant), affirm that the application is completed truthfully and the facts on this application are true and correct to the best of my knowledge, information and belief. I understand that false statements made herein are made subject to the PENALTIES of 18Pa.C.S.A § 4904, Relating to Unsworn Falsification to Authorities. Signature of Applicant: _____ Authorized Police Department Signature: _____
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APPROVED / REJECTED

Application must be returned with two (2) passport photos and \$ 1 1 0 . 00 processing

Date of Approval / Rejection: _____