

**RICHLAND TOWNSHIP
BUCKS COUNTY, PENNSYLVANIA**

RESOLUTION # 09 – 34

**A RESOLUTION SETTING THE FEE TO BE CHARGED TO
APPLICANTS FOR A TRANSIENT MERCHANT LICENSE**

WHEREAS, Richland Township has enacted Ordinance No. 242 known as the Richland Township Transient Merchant Ordinance; and

WHEREAS, the Richland Township Transient Merchant Ordinance calls for the Richland Township Board of Supervisors to set permit fees for transient merchant licenses from time to time by resolution.

NOW THEREFORE, BE IT RESOLVED that the Board of Supervisors of Richland Township, Bucks County, Pennsylvania hereby establishes the license fee for each person wishing to engage in transient merchant activities within Richland Township at Fifty (\$50.00) Dollars per person.

RESOLVED AND ADOPTED this 28th day of September, 2009.

**RICHLAND TOWNSHIP
BOARD OF SUPERVISORS**

ATTEST:

RICHLAND TOWNSHIP TRANSIENT MERCHANT APPLICATION

Name _____
(Last) (First) (Middle)

Permanent Home
 Address _____
(Street) (City) (State) (Zip)

Landline Number _____ - _____ - _____ Cellular Number _____ - _____ - _____

Local Address _____
(Street) (City) (State) (Zip)

Landline Number _____ - _____ - _____ Cellular Number _____ - _____ - _____

Last (4) Digits of Social Security Number _____ Age _____ Birthdate ____/____/____

Height _____ Weight _____ Race _____ Sex _____ Hair Color _____ Eye Color _____

Provide two (2) passport style photographs of the applicant, taken within sixty (60) days immediately prior to the date of filing the application, showing the head and shoulders of the applicant.

Driver's License No. _____ Date Issued ____/____/____

Make of Car _____ Year _____ License # _____ State _____

Provide the names of two (2) reliable persons who will certify as to the applicant's good character and business reputation, or in lieu of names of such references, such other available evidence as to the good character and business reputation of the applicant as will enable an investigator to properly evaluate the applicant's character.

Name _____ Phone Number _____ - _____ - _____

Name _____ Phone Number _____ - _____ - _____

Name of Employer _____ Phone Number _____ - _____ - _____

Address of
 Employer _____
(Street) (City) (State) (Zip)

Describe the nature of goods of transient merchant activities _____

Start Date ____/____/____ Closing Date ____/____/____ (License valid for maximum 90 days)

Do you have any current criminal charges or active warrants pending against you? Yes () No ()

Have you ever been convicted or plead guilty to any misdemeanor or felony offense? Yes () No ()

If yes, date: ___/___/_____ Place _____

Charges _____

Disposition _____

I DO SOLEMLY SWEAR THAT THE ANSWERS GIVEN HERIN HAVE BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE ARE TRUE, CORRECT, AND COMPLETE. BY SIGNING THIS APPLICATION, THE APPLICANT AUTHORIZES THE RICHLAND TOWNSHIP CHIEF OF POLICE, OR AUTHORIZED REPRESENTATIVE, TO INVESTIGATE THE APPLICANT'S CRIMINAL HISTORY, ACTIVE WARRANT STATUS, AND BACKGROUND. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THE RICHLAND TOWNSHIP TRANSIENT MERCHANT ORDINANCE.

Signature _____ Date ___/___/_____

.....
FOR OFFICE USE ONLY

Police Chief _____ Date ___/___/_____ Approved () Permit Fee _____

Disapproved ()

Reason for Disapproval _____

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

LAST NAME **NAM** FIRST NAME MIDDLE NAME

ALIASES **AKA** **O**
R
I

DATE OF BIRTH **DOB**
Month Day Year

FD-258 (Rev. 9-9-13) 1110-0046
SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP **CTZ** SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH **POB**

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. **OCA**

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. **FBI**

CLASS _____

ARMED FORCES NO. **MNU**

REF. _____

REASON FINGERPRINTED

SOCIAL SECURITY NO. **SOC**

MISCELLANEOUS NO. **MNU**

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306**

APPLICANT

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy criminal and civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.

- Ensure all information is typed or legibly printed using blue or black ink.**
Enter data within the boundaries of the designated field or block.
Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)
- * The required fields for hard copy fingerprints cards are: originating agency identifier number - date of birth - place of birth - name - sex fingerprint impressions - any applicable state stamp - Other (race, height, weight, eye color, hair color)
 - * criminal fingerprint cards also require an arrest charge and date of arrest.
 - * civil fingerprint cards also require a reason fingerprinted and date fingerprinted

1. LOOP



CENTER OF LOOP

DELTA

THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



DELTA

THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

- Do not use highlighters on fingerprint cards.**
Do not enter data or labels within 'Leave Blank' areas.
Ensure the 'Reply Desired' field is checked when applicable (criminal only).
Ensure fingerprint impressions are rolled completely from nail to nail.
Ensure fingerprint impressions are in the correct sequence.
Ensure notations are made for any missing fingerprint impression (i.e. amputation).
Do not use more than two retabs per fingerprint impression block.
Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at <laiison@leo.gov>.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

INSTRUCTIONS:

- * 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
 2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
 3. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- ** MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. [FP], ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).