

# BOROUGH OF WELLSBORO

14 CRAFTON STREET  
WELLSBORO, PA 16901

570.724.3186 FAX 570.724.2323

## TRANSIENT RETAILER PERMIT APPLICATION

Office Use Only:

Date Received: \_\_\_\_\_ Application No. \_\_\_\_\_

1. Name, Address, and Phone Number of Applicant: (Please Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Birthplace:

\_\_\_\_\_  
\_\_\_\_\_

3. Date of Birth :

\_\_\_\_\_

4. Employed by:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Business

Activity: \_\_\_\_\_

5. Criminal Record: Have you ever been convicted in any jurisdiction of any crime other than of minor traffic violations and, if so, of what crime or crimes:

\_\_\_\_\_  
\_\_\_\_\_

6. Length of time for which license is to be issued (check one)

\$15.00 per day \_\_\_\_\_, \$80.00 per week \_\_\_\_\_, \$120.00 per month \_\_\_\_\_.

\* Fees must be paid in advance.

7. Type and license number of the vehicle to be used, if any.

\_\_\_\_\_

**The undersigned do(es) hereby make application as indicated and testify that the information contained herein is true and correct.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

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For office use only:

\$ \_\_\_\_\_ Filing Fee Received

Received By \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Police Department Official

Date \_\_\_\_\_