



TRANSIENT RETAILER PERMIT APPLICATION

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

2. Employed by:

Company Name: _____

Address: _____

Phone Number: _____

Type of Business Activity: _____

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

\$15.00 per day \$80.00 per week \$120.00 per month \$600.00 per year

* Fees must be paid in advance.

4. Make/Model/Color/Plate Number of the vehicle to be used, if any.

The applicant must provide the following:

Copy of Current DL or Government ID PA State Police Criminal Record Check

<https://epatch.pa.gov/home>: click submit new record check, accept terms, individual request/continue, enter info

(must be dated within the last 6 months)

*If clearances are not provided, the applicant hereby consents to a background check to be carried out by the Wellsboro Police Department.

The applicant is **prohibited** from (1) selling any goods or wares not mentioned in this application (2) hawking or crying wares upon any streets, alleys, sidewalks or public grounds in the Borough of Wellsboro (3) Trespassing on private property. Public walks/paths must be used when approaching residences.

The applicant **must** provide identification and proof of licensing if asked by any police officer, borough official, or citizen/resident of the borough.

Transient Retail sales are only permitted between the hours of 9AM and 6PM.

The undersigned do(es) hereby make application as indicated and testify that the information contained herein is true and correct and they will observe the term of as stated on the application.

Signed _____

Date _____