

Borough of Bellevue
537 Bayne Ave, Bellevue, Pa 15202
Telephone (412) 766-7453 Fax (412) 766-5930

TRANSIENT VENDOR PERMIT APPLICATION

DATE: _____ PERMIT NO. _____
APPLICANT/EMPLOYEE: (Full Name) _____ PHONE: _____
DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____
DRI. LIC. NO: _____ SEX: M ☐ F ☐ HEIGHT : _____ HAIR: _____ EYES: _____
VEHICLE ID: YEAR _____ MAKE _____ MODEL _____ COLOR _____ PLATE NO. _____ ST. _____
HOME ADDRESS: _____ STATE: _____ ZIP CODE: _____
VENDOR/PARENT COMPANY NAME: _____ PHONE: _____
BUSINESS ADDRESS: _____ STATE: _____ ZIP CODE: _____
GOODS TO BE SOLD: _____
PERMIT FEE: \$ _____ DATE COLLECTED: _____ COLLECTED BY: _____
TAX ID #: _____ PROOF OF PROPERTY OWNER'S APPROVAL: Attached _____
PROOF THAT OCCUPATIONAL PRIVILEGE TAX HAS BEEN PAID: _____ BORO EMPLOYEE'S INITIALS. _____
DATES PERMIT TO BEGIN AND END: _____ TO _____
CRIMINAL HISTORY: (If none write none on the top line - Yes answers must be explained in full)

APPROVED () DISAPPROVED () CODE OFFICIAL SIGNATURE: _____

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TRANSIENT VENDOR PERMIT

ISSUE DATE: _____ PERMIT NO: _____
APPLICANT/EMPLOYEE: (Full Name) _____ PHONE: _____
DRIVER LICENSE #: _____ SEX: M ☐ F ☐ HEIGHT : _____ HAIR: _____ EYES: _____
VEHICLE ID: YEAR _____ MAKE _____ MODEL _____ COLOR _____ PLATE # _____ ST _____
VENDOR/PARENT COMPANY NAME: _____ PHONE: _____
BUSINESS ADDRESS: _____ STATE: _____ ZIP CODE: _____
GOODS TO BE SOLD: _____
PERMIT EXPIRATION DATE: _____

CODE ENFORCEMENT OFFICER