(814) 938-6220
(814) 938-4010 Fax

Borough of Punxsutawney
Department of Police
301 E. Mahoning St. Suite 2
Punxsutawney, PA 15767

License #_____

Amount Paid $_____

Approved by _____

Denied by _____

APPLICATION FOR TRANSIENT BUSINESS LICENSE
LICENSE IS NOT TRANSFERABLE
LICENSE WILL BE REQUIRED FOR EACH INDIVIDUAL
MUST APPLY 2 Business days IN ADVANCE

Name of Person Soliciting (print):_____ Phone #_____

ADDRESS_____
Street (No P.O. Box) City/Town State Zip

DATE OF BIRTH_____ Have you been convicted of a felony? _____ If yes explain_____

DRIVERS LICENSE #_____ STATE_____(must show VALID driver's license)

VEHICLE LICENSE #_____ STATE_____

VEHICLE MAKE/MODEL/COLOR/YEAR_____
****

NAME OF BUSINESS_____ PHONE # _____

ADDRESS of BUSINESS_____
Street (No P.O. Box) City/Town State Zip

SALES TAX NUMBER:_____

DATES FOR SOLICITING:_____

TYPE OF MERCHANDISE OR PUBLICATION TO BE SOLICITED_____

SELLING LOCATION:_____
****

NOTES:

a. Be courteous
b. Stay on walk-ways or driveways, do not walk across yards or grass
c. Carefully read Transient Retail Business Ordinance http://www.ecode360.com Chapter 221
d. Solicitor MUST exhibit Transient License when requested by ANY Official or Citizen.
e. Hours are restricted to 8 AM to 8 PM. Any day of the week other than Sunday or legal holiday.
f. If you are found to be in violation, your license could be revoked & no refund will be given.
g. **Incomplete applications will be denied**.

I certify the statements made in this application are true. And by signing below, I am acknowledging an understanding of the ordinance and stipulations.

Signature: _____ Today's Date_____