

LUZERNE BOROUGH

144 ACADEMY STREET, LUZERNE, PA 18709

TRANSIENT MERCHANT APPLICATION

1. Name & Address of Applicant: _____

_____ Phone: _____

Date of Birth _____ Social Security No: _____

2. Does the applicant have a previous criminal record? _____ Yes _____ No

Explain: _____

3. Name and Address of Employer: _____

_____ Phone: _____

4. In which type of goods or merchandise do you wish to deal? _____

List Local Company If applicable: _____

5. Make, model, and license number of vehicle to be used: _____

PHOTO IDENTIFICATION REQUIRED

Signature of Person applying for Transient Merchant License

By signing the application, you are acknowledging that the Borough of Luzerne can verify that all above is correct.