



APPLICATION FOR
TRANSIENT RETAIL BUSINESS LICENSE

(As required by Limerick Township Ordinance No. _____,
Chapter 124, Transient Retail Business of the Code of the
Township of Limerick)

PRINT CLEARLY OR USE TYPEWRITER
USE ADDITIONAL PAGES IF NECESSARY - COMPLETE IN FULL

- 1) Name of Applicant: _____

- 2) Date of Birth: _____ Place: _____

- 3) Social Security No.: _____

- 4) Mailing Address: _____
Telephone No.: (_____) _____

- 5) Residence (if location is different from mailing address:)

- 6) The address at which you will receive notices under this
Ordinance:

- 7) Name and address of your employer or principal, and the nature
of his business activity:

(Name): _____

(Address): _____

(Business): _____

- 8) Type of goods, wares and merchandise which will be associated
within the transient retail business:

RE: Application for Transient Retail Business License

- 9) Nature of the business or activity in which the Applicant wishes to engage within the Township: (Please provide brief description):

- 10) Duration of License: _____ Thirty (30) Day License
(Check one). _____ One (1) Year License

- 11) Proposed days and hours of operation or solicitation: _____

How many people will be used in solicitation: _____

- 12) Applicants issuing State and Motor Vehicle Operator's No.:

- 13) Description of vehicles intended to be used: (List All)

(Registration No.): _____

(Model); _____

(Make): _____

(Color): _____

- 14) The location(s) of the business in Limerick Township (Use complete street address):

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- 15) Have you ever been convicted in any jurisdiction of any crime?
_____ Yes _____ No (Check one).

If your answer is yes, state for what crime or crimes, where and when:

- 16) Copies of the following documents, if applicable, should be submitted along with this Application. If none are applicable, simply indicate "Not Applicable".

(A) Copy of Pennsylvania State Sales Tax License: _____

(B) Proof of Food Handlers License or Health License

(C) Completed and fully executed State Police Criminal Record Request Form:

Signature of Applicant: _____

Date of Application: _____