



Administration 610.495.6432

Police 610.495.7909

FAX 610.495.0353

646 West Ridge Pike, Limerick, PA 19468

[www.LimerickPA.org](http://www.LimerickPA.org)

## APPLICATION FOR TRANSIENT RETAIL BUSINESS LICENSE

(CHAPTER 124, PEDDLING AND SOLICITING CODE OF LIMERICK TOWNSHIP)

### PROPOSED BUSINESS TYPE

OPERATION OF BUSINESS UPON A STREET, ALLEY, SIDEWALK, OR PUBLIC GROUNDS, OR FROM HOUSE TO HOUSE

THIRTY (30) DAY LICENSE

ONE (1) YEAR LICENSE

1. **BUSINESS NAME / DBA** \_\_\_\_\_

NATURE OF BUSINESS ACTIVITY \_\_\_\_\_

TYPE OF GOODS/WARES/MERCHANDISE \_\_\_\_\_

LEGAL NAME OF EMPLOYER \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ (  BUSINESS  CELL ) FAX # \_\_\_\_\_

24-HR EMERGENCY CONTACT PERSON \_\_\_\_\_ CELL \_\_\_\_\_

2. **APPLICANT NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

LOCAL ADDRESS (TO RECEIVE NOTICE UNDER THIS CHAPTER) \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ (  BUSINESS  CELL ) FAX # \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF AN CRIME (IN ANY JURISDICTION)?  YES  NO

IF YES, LIST CRIME(S) \_\_\_\_\_

LOCATION \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICATION FOR PEDDLING & SOLICITING**

BUSINESS NAME \_\_\_\_\_

**3. PROPOSED DAYS AND HOURS OF OPERATION OR SOLICITATION**

- MONDAY: \_\_\_\_\_:00 AM TO \_\_\_\_\_:00 PM
- TUESDAY: \_\_\_\_\_:00 AM TO \_\_\_\_\_:00 PM
- WEDNESDAY: \_\_\_\_\_:00 AM TO \_\_\_\_\_:00 PM
- THURSDAY: \_\_\_\_\_:00 AM TO \_\_\_\_\_:00 PM
- FRIDAY: \_\_\_\_\_:00 AM TO \_\_\_\_\_:00 PM
- SATURDAY: \_\_\_\_\_:00 AM TO \_\_\_\_\_:00 PM
- SUNDAY: \_\_\_\_\_:00 AM TO \_\_\_\_\_:00 PM

**4. VEHICLE/DRIVER INFORMATION – DESCRIPTION OF VEHICLE(S) INTENDED TO BE USED**

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

COLOR \_\_\_\_\_

LICENSE PLATE & STATE \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_

**5. COPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED**

- DRIVER'S LICENSE OR PHOTO IDENTIFICATION
- VEHICLE REGISTRATION
- PROOF OF FOOD HANDLERS LICENSE OR MONTGOMERY COUNTY BOARD OF HEALTH LICENSE (FOR FOOD VENDORS)
- COMPLETED AND FULLY EXECUTED STATE POLICE RECORD REQUEST FORM (FROM THE STATE THE APPLICANT IS FROM)
- COPY OF PENNSYLVANIA STATE SALES TAX LICENSE

**6. CERTIFICATION**

I HEREBY STATE THE ABOVE FACTS AND STATEMENTS, INCLUDING ANY ATTACHMENTS ARE TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE. I FURTHER UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION OR AN INCOMPLETE APPLICATION MAY BE CONSIDERED REASON TO REJECT THE APPLICATION AND THAT THE FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF PA CONS. STAT. 4904 RELATING TO UN-SWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*TOWNSHIP USE ONLY BELOW THIS LINE - DEPARTMENT APPROVAL*

**FEE:**     **ANNUAL \$300.00**     **30-DAY \$25.00**

CODE ENFORCEMENT OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_