BOROUGH OF PATTON
Incorporated Nov. 1, 1893

OFFICIAL USE ONLY
Date Received: _____
Payment Amount: _____
Date Approved: _____
Date Rejected: _____

APPLICATION FOR TRANSIENT RETAIL BUSINESS LICENSE

EACH PERSON MUST HAVE THEIR OWN PERMIT REGARDLESS IF THERE ARE MULTIPLE PEOPLE REQUESTING TO SOLICIT FROM THE SAME ORGANIZATION.

Name of Applicant: _____

Date of Birth: _____ Place of Birth: _____ Social Security Number: ____-____-____

Mailing Address: _____

Telephone Number: _____

Name, Address and Phone of Employer or Principal:
(i.e. who you are employed by, third-party vendor, etc. please provide the information for all related companies.)

Employer:
Name: _____
Address: _____
_____
Telephone: _____

Principal:
Name: _____
Address: _____
_____
Telephone: _____

Direct Supervisor:
Name: _____
Address: _____
_____

Name: _____
Address: _____
_____

PA Business License Number: _____ PA State Sales Tax Number: _____
Business EIT Number: _____
Type of Goods, Wares, and Merchandise: _____
Type of Business: _____
Proposed Days and Hours of Operation: _____
License Plate Number and State License Plate Issued and Make and Model of Vehicle Used: _____
_____

Have You Ever Been Convicted in any Jurisdiction of any Crime? ☐ Yes ☐ No
If Yes, Please Provide Details: _____
Additional Information: _____
_____

PLEASE ATTACH THE FOLLOWING:

☐ Attach a Recent Photograph

☐ Attach Valid Government-Issued Identification

☐ By signing this application, I authorize and consent to a criminal background check.

Signature of Applicant: _____
Date: _____

PLEASE RETURN TO:
Patton Borough
800 Fourth Avenue
PO Box 175
Patton, PA 16668
814-674-3641
www.pattonboro.com pattonboro@gmail.com

NO SOLICITATION OF TRANSIENT BUSINESS ACTIVITY MAY TAKE PLACE UNTIL A PERMIT IS ISSUED.
PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED AND ALL APPLICABLE DOCUMENTS.