NOTICE – A TRANSIENT RETAIL BUSINESS LICENSE IS NOT REQUIRED IF: YOU ARE A FARMER SELLING YOUR OWN PRODUCE; YOU ARE SELLING GOODS, WARES OR MERCHANDISE, THE PROCEEDS OF WHICH ARE FOR THE BENEFIT OF ANY RELIGIOUS INSTITUTION OR PUBLIC, PRIVATE OR PAROCHIAL SCHOOL; OR YOU ARE AN INDIVIDUAL, GROUP OR ORGANIZATION ENGAGING IN THE PUBLIC ADVOCACY OF OR SOLICITATION FOR A POLITICAL AND/OR RELIGIOUS CAUSE OR CAUSES.

APPLICANT INFORMATION			
FULL NAME:			
First	Middle	Last	Suffix (Jr., Sr., etc.)
HOME ADDRESS:			
	Street Address		
City	State		Zip Code
HOME TELEPHONE NUMBER:	()		
CELLULAR TELEPHONE NUMB	ER: <u>()</u>		
DATE OF BIRTH:	SOCIAL SECURITY NU	JMBER:	
E-MAIL:		<u> </u>	
BUSINESS INFORMATION]		
BUSINESS/COMPANY NAME: _			
BUSINESS ADDRESS: :			
	Street Address		
City	State		Zip Code
BUSINESS TELEPHONE: () F.	AX: ()
ADDITIONAL BUSINESS TELEP	HONE: ()		
BUSINESS E-MAIL:			

PERSONS CONDUCTING RETAIL BUSINESS

List names of <u>ALL</u> p	persons parti	cipating in the conducting	g of business.	
NAME:				
			Last	Suffix (Jr., Sr., etc.)
HOME ADDRESS:_	Street Address			
-	City	State		Zip Code
TELEPHONE NUM	BER: _()		
	SOCIAL SECURITY NUMBER:			
NAME:				
			Last	Suffix (Jr., Sr., etc.)
HOME ADDRESS:_		Street Addres	S	
-	City	State		Zip Code
TELEPHONE NUM	BER: _(<u>)</u>		
	SOCIAL SECURITY NUMBER:			
NAME:				
			Last	Suffix (Jr., Sr., etc.)
HOME ADDRESS:_		Street Address		
-	City	State		Zip Code
TELEPHONE NUM	BER: _()		
DATE OF BIRTH:		SOCIAL SECURITY NUMBER:		

NAME:				
	First	Middle	Last	Suffix (Jr., Sr., etc.)
HOME ADDRESS:_		Street Address		
	Street Address			
-	City	State		Zip Code
TELEPHONE NUM	BER: _()		
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:			
NAME:				
			Last	Suffix (Jr., Sr., etc.)
HOME ADDRESS:	Street Address			
-	City	State		Zip Code
TELEPHONE NUM	BER: _(<u>)</u>		
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:			
NAME:	First	Middle		Suffix (Jr., Sr., etc.)
			Lasi	Sullix (Jr., Sr., etc.)
HOME ADDICESS.	Street Address			
-				
	City	State		Zip Code
TELEPHONE NUM	BER: _(
DATE OF BIRTH:	_	SOCIAL SECURITY N	IUMBER:	

VEHICLES

List <u>ALL</u> vehicles used to conduct Transient Retail Business.

MANUFACTURER (MAKE):		MODEL:
MODEL YEAR:	COLOR:	
LICENSE PLATE NUMBER:		
MANUFACTURER (MAKE):		MODEL:
MODEL YEAR:	COLOR:	
LICENSE PLATE NUMBER:		
MANUFACTURER (MAKE):		MODEL:
MODEL YEAR:	COLOR:	
LICENSE PLATE NUMBER:		
MANUFACTURER (MAKE):		MODEL:
MODEL YEAR:	COLOR:	
LICENSE PLATE NUMBER:		

ATTACHMENTS

I have attached current-valid proof of insurance naming the Borough of Kutztown as additionally insured. In addition, current ServSafe® or equivalant certification and/or liquor license documentation if applicable is attached as required by Borough of Kutztown Code 206-1(C)(d),(e),(f).

VERIFICATION

I verify that the information contained in this application is true and correct to the best of my knowledge and belief. This verification is made subject to the penalties of §4904 of the Pennsylvania Crimes Code (18 Pa. C.S.) relating to Unsworn Falsification to Authorities.

Signature of Applicant	Date
OFFICE USE ONI	LY
PAYMENT RECEIVED DATE RECEIVED: PAYMENT METHOD: CHECK (CHECK NO)	
APPLICANT PHOTO IDENTIFICATION USED: DRIVER'S LICENSE NUMBER: OTHER PHOTO IDENTIFICATION:	
LICENSE APPROVED BY:	
APPLICATION DATE:/ LICENSE IS	SSUE DATE:/