

APPLICATION FOR TRANSIENT BUSINESS LICENSE  
BOROUGH OF LEWISTOWN  
2 EAST THIRD STREET  
LEWISTOWN, PA 17044  
(717) 248-1361

DATE \_\_\_\_\_

Name of Business \_\_\_\_\_

Owner of Business \_\_\_\_\_

ADDRESS:

Phone \_\_\_\_\_

NATURE OF BUSINESS

Type \_\_\_\_\_ Merchandise \_\_\_\_\_ Method \_\_\_\_\_

Dates Proposed for Solicitation \_\_\_\_\_ Hours of Solicitation \_\_\_\_\_

Contracts required? \_\_\_\_\_ Are deposits required? \_\_\_\_\_  
(If Yes, please provide a copy)

NAME(S) OF ALL APPLICANTS WHO WILL BE SOLICITING IN THE BOROUGH

1. Name (First, M, Last) \_\_\_\_\_  
Home Address \_\_\_\_\_  
SS Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_
2. Name (First, M, Last) \_\_\_\_\_  
Home Address \_\_\_\_\_  
SS Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_
3. Name (First, M, Last) \_\_\_\_\_  
Home Address \_\_\_\_\_  
SS Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

**\*\* (If additional applicants, please use a blank piece of paper.) \*\***

VEHICLE TO BE USED FOR SOLICITATION IN THE BOROUGH OF LEWISTOWN

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
License Plate Number \_\_\_\_\_ State of Registration \_\_\_\_\_  
Owners Full Name \_\_\_\_\_  
Address \_\_\_\_\_

DATE PERMIT (S) ISSUED: \_\_\_\_\_ BOROUGH MGR/SECY \_\_\_\_\_

WE DO HEREBY AGREE TO COMPLY TO THE TERMS AND CONDITIONS OF THE CODE OF ORDINANCES OF THE BOROUGH OF LEWISTOWN.

SIGNED \_\_\_\_\_ BY: \_\_\_\_\_

TYPE OF ID PRESENTED:

**APPLICATION MUST BE SUBMITTED 7 DAYS PRIOR TO THE DATE OF THE EVENT. THE APPLICATION FEE IS \$100.00 PLUS \$15.00 PER DAY OR \$250.00 FOR A PERIOD OF THIRTY DAYS. ALL FEES ARE NON-REFUNDABLE. THIS FORM MUST BE SUBMITTED WITH THE WAIVER FORM.**

FOR BOROUGH USE ONLY Date Received \_\_\_\_\_

Amount Paid \_\_\_\_\_

Cash / Check # \_\_\_\_\_

Staff Initials \_\_\_\_\_