



Code Enforcement Department

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TRANSIENT RETAILER PERMIT APPLICATION

Date of Application: _____

1. Name and address of the proposed transient retail operation:

2. Name and address of the transient merchant agent:

3. Name and address of the firm(s) the transient merchant is applying for:

4. Exact relationship between the firm(s) and the transient merchant agent:

5. Commonwealth of Pennsylvania Sales Tax Number, if applicable:

Brief description of the business and kind of good or commodities which the transient merchant intends to sell:

6. Date(s) and Time(s) said business is to be conducted:

Date(s)

Time(s)

7. If this is a door-to-door operation, a Solicitation Permit Application needs to be completed and all information, clearances, background checks submitted. Is this a door-to-door operation? Yes _____ No _____

Application MUST be made at least ten (10) days prior to the date the transient merchant business intends to commence operation.

Signature

Title

Date

Phone

Approved: _____ Denied: _____

Cash: _____

Check/MO number: _____

Credit Card: _____

Receipt number: _____

Date Paid: _____

Approved By: _____
Code Enforcement/Zoning Officer

Permit Number: _____ Date: _____