



Administration 610.495.6432

Police 610.495.7909

FAX 610.495.0353

646 West Ridge Pike, Limerick, PA 19468

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

<input type="checkbox"/> MONDAY: _____:00 AM TO _____:00 PM	<input type="checkbox"/> SATURDAY: _____:00 AM TO _____:00 PM
<input type="checkbox"/> TUESDAY: _____:00 AM TO _____:00 PM	<input type="checkbox"/> SUNDAY: _____:00 AM TO _____:00 PM
<input type="checkbox"/> WEDNESDAY: _____:00 AM TO _____:00 PM	
<input type="checkbox"/> THURSDAY: _____:00 AM TO _____:00 PM	
<input type="checkbox"/> FRIDAY: _____: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: _____