## Borough of Jim Thorpe

Transient Merchant License Application 101 East Tenth Street, Jim Thorpe, Pa. 18229 Telephone 570-325-3025 Fax 570-325-8154

(permit application shall be made at least 10 days prior to the date the permit will be required)

A Separate Permit is r	equired for each veh	nicle, stand or person when	operating doo	r to door.
Business Name:				
Owner Name:				
Address:				
City & State:			Zip:	
Telephone:		Cell Phone #:	•	
Email address:				
•				
Attach Copy of	Check Off	Attach Copy of (i	f required)	Check Off
Federal/State ID:		Health Permit:		
PA Sales Tax Certificate:		PA Health License:		
Other License/Licenses:		Fire Chief Permit:		
		Location Owner Approval:		
Number of Units (trailers, tents	, stands, etc.):			
Type and License Plate # of Veh	icles to be Used (where app	olicable)(use additional sheet if necessa	ry):	
Name, address and telephone of	of Owner of Units (if differen	nt from applicant) (use addition sheet if	necessary)	
I ti O		alta da la V		
Location Owner name, address	and telephone (where app	olicable):		
List Type of Goods and Mercha	ndise to he Sold:			
List Type of Goods and Wichena	idisc to be sold.			
Date Permit to Start:		Date Permit to Expire:		
Number of People Working Wit	thin the Borough during the	e Permit Period:		
Note Applicant Criminal Record				
Applicant Signature:			Date:	