BUFFALO TOWNSHIP – SARVER, PA

TRANSIENT BUSINESS PERMIT APPLICATION – ORDINANCE #109

Date Application Received: _____

1. COMPANY / APPLICANT INFORMATION

☐ Proposed Address of Transient Business: _____

☐ Municipality: _____ County: _____

☐ STATE BUSINESS LICENSE #: _____ COUNTY BUSINESS LICENSE #: _____

☐ COMPANY / APPLICANT NAME: _____

☐ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

☐ OFFICE PHONE: (_____) _____ CELL PHONE: (_____) _____

E-MAIL: _____

2. TRANSIENT BUSINESS PERMIT - SCOPE OF BUSINESS

☐ Subscriptions ____ Merchandise ____ Wares ____ Other Commodities _____

☐ Door to Door ____ Food Truck ____ Produce Truck ____ Community Stand / Tent ____

☐ **PROPOSED HOURS OF DAILY OPERATIONS: START ____: ____ AM to END ____: ____ PM**

☐ **DETAILED DESCRIPTION of ITEMS to be SOLD:** _____

☐ _____

☐ _____

☐ _____

3. DRIVERS

☐ 1st DRIVER - NAME: _____ LICENSE # _____

☐ VEHICLE TYPE: Car ____ Van ____ Truck ____ SUV ____ LICENSE PLATE # _____ STATE _____

☐ 2nd DRIVER – NAME: _____ LICENSE # _____

☐ VEHICLE TYPE: Car ____ Van ____ Truck ____ SUV ____ LICENSE PLATE # _____ STATE _____

☐ 3rd DRIVER – NAME: _____ LICENSE # _____

☐ VEHICLE TYPE: Car ____ Van ____ Truck ____ SUV ____ LICENSE PLATE # _____ STATE _____

4. EMPLOYEES

☐ NAME: _____ CELL PHONE: _____

☐ HOME ADDRESS: _____

☒ NAME: _____ CELL PHONE: _____

☐ HOME ADDRESS: _____

NAME: _____ CELL PHONE: _____

HOME ADDRESS: _____

NAME: _____ CELL PHONE: _____

HOME ADDRESS: _____

☐

TRANSIENT BUSINESS PERMIT TYPES and FEES:

180 DAY PERMIT FEE: $25.00

60 DAY RENEWAL FEE: $10.00

The undersigned applicant agrees to all requirements as stated in the Buffalo Township Ordinance No. 109 and attests that the facts stated herein and above are true and correct. I understand that this is a "sworn statement" and that any material misrepresentation contained herein will be cause for denial or revocation of this permit. Any person, firm or corporation violating any of the provisions of Ordinance #109 shall be subject to a penalty of not less than $300.00 and not more than $600.00.

☒ APPLICANT / AGENT SIGNATURE: _____

PRINT NAME: _____ DATE: _____

PERMIT VALID FROM: _____ to _____

PERMIT FEE PAID: $ _____ . _____ CHECK # _____ CASH _____

****** FOR BTWP DEPARTMENT USE ONLY ******

TRANSIENT BUSINESS PERMIT APPLICATION: [ ] Approved [ ] Denied

BY: _____

DATE: _____ PERMIT NO. _____

☐ Reason for Denial: _____

_____

_____

TRANSIENT BUSINESS PERMIT FEE: $ _____ . _____

☐

TOWNSHIP REVIEW FEE: $ _____ . _____

STATE FEE: $ _____ . _____

TOTAL PERMIT FEE: $ _____ . _____

ADDITIONAL FEES MAY APPLY – SIGN FEES PER BUFFALO TOWNSHIP ORDINANCE – SECTION 410 (410.1 thru 410.2)