

BOROUGH OF NEWVILLE

4 West Street, Newville, PA 17241



TRANSIENT RETAILER'S APPLICATION REGISTRATION & LICENSE

name of Compa	пу:		Date;	
Address:				
Contact Name:		Telephone:		
Time Period of Permit:		(Permit valid for five (5) consecutive days only)		
Nature of produc	ct to be sold:			
List names of all empl	oyees working under thi	s permit:		
Name:	DOB:	VEHICLE INFORMATION	VERIFICATION	Photo ID Attached (🔨)
Address:	Driver's License No.	Year: Make: Type:	Officer:	\
Telephone:		Color:	Date:	
Name:	DOB;	VEHICLE INFORMATION	VERIFICATION	Photo ID Attached (✓)
Address:	Driver's License No.	Year: Make: Type:	Officer:	
Telephone:		Color:	Date:	
Name:	DOB:	VEHICLE INFORMATION	VERIFICATION	Photo ID Attached (✓)
Address:	Driver's License No.	Year: Make: Type:	Officer:	
Telephone:		Color:	Date:	and the second s
	persons, firms, corporation lar manner, shall be set fro	-	-	-
Official Use:				
Date License Issued: Fee Paid:		License #: Method of Payment:		
				1
Newville borough	Authorized Representative: _			