



BOROUGH OF NEWVILLE
4 West Street, Newville PA 17241 · (717) 776-7633



TRANSIENT RETAILER'S APPLICATION REGISTRATION & LICENSE

Name of Company: _____ Date: _____

Address: _____

Contact Name: _____ Phone: _____

Time Period of Permit: _____ (Permit valid for five (5) consecutive days only)

Nature of Product to be Sold: _____

List Names of All Employees Working Under This Permit:

Name: _____ DOB: _____ Driver's License No: _____

Address: _____

Telephone: _____ Photo ID Attached: Yes

Vehicle Information Year: _____ Make: _____

Model: _____ Color: _____

Verification Officer: _____ Date: _____

Name: _____ DOB: _____ Driver's License No: _____

Address: _____

Telephone: _____ Photo ID Attached: Yes

Vehicle Information Year: _____ Make: _____

Model: _____ Color: _____

Verification Officer: _____ Date: _____

Name: _____ DOB: _____ Driver's License No: _____

Address: _____

Telephone: _____ Photo ID Attached: Yes

Vehicle Information Year: _____ Make: _____

Model: _____ Color: _____

Verification Officer: _____ Date: _____

The time for all persons, firms, corporations, or associations peddling, hawking, selling or engaging in similar manner, shall be set from 9:00AM to 6:00PM on weekdays only.

Official Use: Date License Issued: _____ License #: _____

Fee Paid: \$ _____ Method of Payment: _____

Newville Borough Authorized Representative: _____