

190 Oak Road, Dallastown, Pennsylvania 17313 • Phone (717) 741-3861 • Fax (717) 741-5009

APPLICATION FOR TRANSIENT RETAIL PERMIT

	<u>L'ownship in order to</u>	receive an identification card.
Applicant Name:		ID Card #:
Local Address:		
Local Phone #:		
Home Address:		
Home Phone #:		
Business Name:		
Business Address:		
Items for Solicitation / P	Purpose of Solicitation:	:
Hours: From	Purpose of Solicitation:	: (Mon. – Sat. 9:00 AM to 9:00 PM permitted)
Items for Solicitation / P Hours: From Starting Date:	Purpose of Solicitation:	: (Mon. – Sat. 9:00 AM to 9:00 PM permitted) Date: (Six weeks maximum)
Items for Solicitation / P Hours: From Starting Date:	Purpose of Solicitation:	: (Mon. – Sat. 9:00 AM to 9:00 PM permitted)
Items for Solicitation / P Hours: From Starting Date:	Purpose of Solicitation:	: (Mon. – Sat. 9:00 AM to 9:00 PM permitted) Date: (Six weeks maximum)
Items for Solicitation / P Hours: From Starting Date: Vehicles to be Used in C	Purpose of Solicitation:	: (Mon. – Sat. 9:00 AM to 9:00 PM permitted) Date: (Six weeks maximum)
Items for Solicitation / P Hours: From Starting Date: Vehicles to be Used in C	Purpose of Solicitation:	(Mon. – Sat. 9:00 AM to 9:00 PM permitted) Date: (Six weeks maximum) itation (State, License Number, Year, Make, & Model):

Names and Addresses of all Additional Personnel Involved in Conducting Solicitation

<u>FEES</u> All fees are due upon submittal of Application. Checks payable to <u>York Township</u>					
License Fee for Primary Application	\$	20.00			
See for Each Person Contacting Township Residents	\$	2.00 per identifica	tion card		
Deposit Deposit will be returned to the Applicant by US mail dentification cards issued under the Permit)	•	100.00 in ten days of receip	t of all		
Applicant acknowledges receipt of Ord. 87-6, including A	.mer	dment Ord. 2004-16	(Chapter 230):		
Signature of Applicant	Pri	nted Name	Date		
FOR OFFICE US					
Date Permit Approved Date	Pern	nit Denied			
Application Reviewed by					
Comments:					
Deposit Return Information:					
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