

## VENDING PERMIT APPLICATION

\*\*PLEASE REMEMBER THAT YOUR PERMIT MUST BE VISIBLE AT ALL TIMES, WHEN YOU ARE IN BUSINESS.

APPLICANT'S NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE: (      )	WORK PHONE: (      )	

ORGANIZATION'S NAME:		
ORGANIZATION'S ADDRESS:		
CITY:	STATE:	ZIP:
DESCRIPTION OF GOODS TO BE SOLD:		
WILL A STRUCTURE BE USED?      ( ) YES    ( ) NO  IF YES, PLEASE DESCRIBE:	PROPOSED HOURS OF OPERATION:	

WHICH TYPE OF PERMIT ARE YOU REQUESTING? 3	<input type="checkbox"/> MONTHLY @ \$350.00/month <input type="checkbox"/> PER DAY @ \$15.00/day
IF PER DAY, WHICH DATES?	

Please submit application with payment (checks made to Waterford Borough) to the Borough Office:

P.O. Box 486  
Waterford, PA 16441

For inquiries please call: (814) 796-4709 or email: jblose45@gmail.com

OFFICE USE ONLY:

APPLICATON WAS:                      ( ) APPROVED                      ( ) DENIED  
REASON:

AMOUNT OWED: \_\_\_\_\_                      PAID: \_\_\_\_\_                      BALANCE: \_\_\_\_\_  
 PERMIT TYPE: ( ) DAILY                      ( ) MONTHLY  
 PERMIT ISSUE DATE: \_\_\_\_\_