

# 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	PROPOSED HOURS OF OPERATION:	
IF YES, PLEASE DESCRIBE:		

WHICH TYPE OF PERMIT ARE YOU REQUESTING?	<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 questions please call 814-796-2084 or email [jblose@waterfordboro.net](mailto:jblose@waterfordboro.net).

**OFFICE USE ONLY:**

APPLICATION WAS:                      ( ) APPROVED                      ( ) DENIED  
REASON:

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