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	( ) Seasonal @ $350.00 ( ) PER DAY @ $15.00 ( ) Exempt	
IF PER DAY, WHICH DATES?		

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

P.O. Box 186
Waterford, PA 16441

For inquiries please call: Sarah Brown(814) 796-4709 or email waterford.borough@aol.com

OFFICE USE ONLY:

APPLICATON WAS: ( ) APPROVED ( ) DENIED
REASON:

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