

WATERFORD BOROUGH
VENDING PERMIT APPLICATION

Permit must be visible at all times while in operation.

Applicant Information

Applicant's Name: _____

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone: _____ **Work Phone:** _____

Organization Information (if applicable)

Organization Name: _____

Organization Address: _____

City: _____ **State:** _____ **ZIP:** _____

Vending Details

Description of Goods to be Sold: _____

Will a structure be used? Yes No

If yes, please describe: _____

Proposed Hours of Operation: _____

Permit Type (Select One)

- Monthly Permit – \$350.00/month
- Weekly Permit – \$100.00/week
- Daily Permit – \$15.00/day

Which date(s)? _____

Submit completed application with payment (checks payable to Waterford Borough) to:
Waterford Borough Office, P.O. Box 486, Waterford, PA 16441
For inquiries, contact: (814) 464-3216 or zoning.boro@icloud.com

Office Use Only

Application Status: Approved Denied

Reason (if denied): _____

Permit Type: Daily Weekly Monthly

Amount Owed: _____ **Paid:** _____ **Balance:** _____

Permit Issue Date: _____