



CITY OF TITUSVILLE APPLICATION FOR LICENSE TRANSIENT MERCHANT

To Treasurer
City Hall
Titusville, PA

Date Received _____

Application is hereby made for License to operate as a Transient, itinerant merchant or vendor

1. Name of Applicant or Firm _____
2. Business Address & Phone# _____
3. Location of Business (if different from business address) _____
4. Check whether business is: Incorporated____ Partnership____ Sole Proprietor____
5. If business is conducted by you individually or by a partnership under a fictitious name, give name of true owners and date of registration of business under Fictitious Names Act.

6. Kind of Business _____
(Activities restricted to a C-1 or C-2 Zoning District)
7. State number (if any) of merchandise vending machines, pinball machines, music vending machines or juke boxes, billiard or pool tables, bowling alleys installed in your place of business and name or names and address of owners, agent or operator as the case may be.

8. Name of Owner or Manager _____
9. Phone # of owner or Manager _____
10. License Fee (See Below) _____
11. Criminal background clearances Act 34 (attach copy) OR: if you do not have a current clearance, I authorize the Titusville Police Department to conduct a background check

IMPORTANT

This license is required under City Ordinance and must be obtained at least 10 days prior to conducting business.

LICENSE FEE IS \$200.00 PER MONTH; \$50 PER WEEK;
OR \$25.00 PER DAY

MAKE CHECKS PAYABLE TO: CITY TREASURER

I certify the information to be true and correct and understand any fraud, misrepresentation or false statements in connection with the selling of goods, wares, or merchandise or service can result in the revocation of this license.

(Print Name)

(Title of person making application)

11. Type of Advertising to be used _____
12. Length of time that you intend to conduct Business, FROM _____ to _____

13. Hours of Operation _____

14. List other communities where you have conducted business: (Name, State, Year)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

15. List Principle Owners or Officers of your company: (Names & Complete Address)

16. List employees working the business in Titusville - include DOB and Driver's License #

17. State name and address of the company with whom you carry your required \$2,500.00 Surety bond (Please attach a copy of the Bond to the application)

18. Please attach License Fee of \$25.00 Daily \$50.00 Weekly \$200.00 Monthly

APPROVED _____ DENIED _____
CHIEF OF POLICE

APPROVED _____ DENIED _____
CITY MANAGER

RECEIVED: _____
CITY TREASURER