# Transient Merchant Application

## Applicant Information

| | | | |
|---|---|---|---|
| Name | | Phone (  )  - | |
| Date of Birth | | | |
| Current Address | City | State | Zip |
| Driver's License Number | | | |
| Criminal background clearances Act 34 (attach copy) OR: if you do not have a current clearance, check to authorize the Titusville Police Department to conduct a background check ☐ | | | |
| List all felonies and/or misdemeanor convictions (if none, state such) | | | |
| Date of Conviction | City and state of Conviction | | |

## Business Information

| | | | |
|---|---|---|---|
| Business Name | Kind of Business | Business Phone (  )  - | |
| Check whether business is ☐ Incorporated ☐ Partnership ☐ Sole Proprietorship | | | |
| Business Address | City | State | Zip |
| Responsible Contact Name | | | |
| Contact Email | | | |
| Position | | | |

## Merchandise Information

| |
|---|
| Description of wares, goods, merchandise or service being offered for sale: |
| Location(s) where solicitations will take place: |
| Type of Advertising to be used |
| Length of time you intend to conduct business. From _____ to _____<br>Date Date |
| Hours of Operation From _____ to _____<br>Date Date |
| Make and model of vehicle being used (if none, state such): |
| License plate number: |
| If you will be using, handling, selling, or distributing food, |
| List other communities where you have conducted business: (Name, State, Year) |

## Certification

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. I understand it shall be my responsibility as the applicant to obtain any necessary permits, insurance, and/or licenses required, and to abide by all State laws as well as City Ordinances.

| | |
|---|---|
| Printed Name | Signature of person making this application |

Please submit this completed application along with the following:

1. Copy of the required $2,500 Surety Bond coverage
2. Payment for the application fee of $100. Checks payable: City of Titusville

**Titusville City Hall**
**107 N Franklin St**
**Titusville PA 16354-1734**

Questions: (814) 827-5300 x 313 Email bldginspector@cityoftitusvillepa.gov

** Office Use Only**

Fee Paid _____

Cash / Check # _____

Paid By _____

Date rcvd ____ /____ / _____

Treasurer Approval: _____

Chief of Police Approval: _____

City Manager Approval: _____