



TRANSIENT RETAIL MERCHANT'S LICENSE

105 Government Center Way
Pocono Pines, PA 18350
Phone: 570-646-1212
Fax: 570-646-9025
www.tobyhannatownship.pa.gov

Applicant: _____ Phone: _____ Fax: _____

Mailing Address: _____

Sponsoring Organization: _____ Phone: _____ Fax: _____

Mailing Address: _____

Property Owner: _____ Phone: _____ Fax: _____

Mailing Address: _____

Physical Address: _____

Tax Map ID No.: _____ Subdivision: _____

Merchandise to be sold/exhibited: _____

Date(s) of Operation: _____ Hours of Operation: _____

Hours of operation must be between 8AM and 8PM—requests for extensions must be in writing and addressed to the Township of Tobyhanna Board of Supervisors. The maximum duration that any transient retail business shall operate within the Township shall be eight (8) days during the one-year term of the license, whether such days run consecutively or separately, not including a reasonable time to set up and to dismantle the sales location and related facilities before and after the days of actual operation.

Any vehicles or trailers being used?: () Yes () No If yes, please provide the registered owner's information:

Name: _____ Phone: _____

Mailing Address: _____

Make/Model: _____ License Plate No.: _____

Any stand, structure, or stores being used by applicant in sales/exhibition not owned by applicant?: () Yes () No

Name: _____ Phone: _____

Mailing Address: _____

INCLUDED WITH THIS APPLICATION SHALL BE THE FOLLOWING:

1. Attach a copy of current lease or letter of consent between applicant and owner of property on which transient merchandise will be conducted.
2. Any Local, State, or Federal permits or licenses required as a pre-requisite for the merchandise to be sold/exhibited? () Yes () No If yes, attach copies.

Signature of Applicant: _____ Date: _____

NOT WRITE BELOW THIS LINE—FOR TOWNSHIP USE ONLY

Date Received: _____ Cash/Check No.: _____ Amount Paid: \$ _____

Permit No.: _____ Issued by Zoning Officer: _____