

# **MECHANICSBURG POLICE DEPARTMENT**

## **TRANSIENT BUSINESS PERMIT APPLICATION**

**APPLICANT:**

First Name	Middle Name	Last Name
Date of Birth	Cellular Telephone	Home Telephone
Home Address:		
Municipalities that you applied or were issued Soliciting Permit within last 90 days:		

**COMPANY:**

Name	
Street Address	
City, State, Zip	
Telephone	
Supervisor's Name	
Supervisor's Cell	

**PRODUCTS** – Provide complete list of products to be sold:


**DATES TO SOLICIT** – Start must be at least five (5) days from date of Application:

Starting Date	Ending Date

**REQUIRED DOCUMENTS TO BE FILED WITH APPLICATION:**

- Copy of PA Criminal History Check dated within 30 days of application
- Copy of current, government issued photo identification card
- Payment of fee - \$10.00 per day, per person

I hereby certify that the information in this application is true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**BOROUGH USE ONLY:**

Date of Action: \_\_\_\_\_

Approved from \_\_\_\_\_ (start) to \_\_\_\_\_ (end) By: \_\_\_\_\_

Denied – Reason: \_\_\_\_\_ By: \_\_\_\_\_