

# BOROUGH OF COLUMBIA TRANSIENT RETAIL BUSINESS APPLICATION

This application must be completed for each person wishing to conduct transient retail business in the Borough of Columbia.

## APPLICANT'S INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

          Last                                First                                MI

Address: \_\_\_\_\_ Phone: (    ): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: (    ): \_\_\_\_\_

Other Names Used in the Past (maiden, etc.): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Tattoos: \_\_\_\_\_

## VEHICLE INFORMATION

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Number of Doors: \_\_\_\_\_ State: \_\_\_\_\_

Registered Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## ORGANIZATION/BUSINESS INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business/Goods to be sold: \_\_\_\_\_

I verify that the facts set forth in this application are true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of Section 4904 of Crimes Code (18 PA C.S. Section 4904) relating to unsworn falsification to authorities. **NOTICE TO APPLICANT: APPLICATION FEE MUST ACCOMPANY THIS APPLICATION**

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_

**BOROUGH OF COLUMBIA USE ONLY:**

STATUS OF APPLICATION: APPROVED \_\_\_\_\_ DENIED: \_\_\_\_\_

DATE OF APPROVAL: \_\_\_\_\_ DATE OF DENIAL: \_\_\_\_\_

PERSONNEL PROCESSING APPLICATION: \_\_\_\_\_

TOTAL FEE FOR PERMIT: \$ \_\_\_\_\_