

BOROUGH OF INDIANA
APPLICATION FOR TRANSIENT RETAIL BUSINESS LICENSE
(All information must be typed or printed)

(Select one type of activity)

_____ **CANVASING & SOLICITING LICENSE**

_____ **VENDORS LICENSE (select location _____)**

Attachment A shall be completed for each additional person involved in canvassing or vending

Application shall be accompanied by two (2) photographs (2"x3" minimum) for each person involved in canvassing or vending, taken within six (6) months prior to date of application

Purpose of license (type of merchandise or activity) _____

Length of time for which permit is requested _____

Business Name _____

Business Address _____
Street City State/Zip Phone

Applicant _____
Last First Middle Sex DOB

Home Address _____
Street City State/Zip Phone

VEHICLE INFORMATION

Make of vehicle _____ Model _____ Year _____ Color _____

Registration _____
State Number

Vehicle Size (vendors) _____
Length Width Height Weight

Operators Name _____

Operators Address _____
Street City State/Zip Phone

Operators License Number and State _____

Liability Insurance Coverage _____
Company Policy Number Effective Date

Has applicant been arrested of a crime of any kind? Yes _____ No _____
(if yes, list date(s), location(s), arresting agencies, and disposition in the following space)

I hereby certify that all of the foregoing information is true correct

Signature of Applicant _____ Date _____

Employer's Name _____

Employer's Address _____
Street City State/Zip Phone

In consideration of the issuance of such license or permit, the employer hereby agrees to become liable for any and all acts of such solicitor or vendor or the acts of those designated under Attachment A, while in the Borough of Indiana, in violation of law or otherwise.

Signature of Employer _____ Date _____

Application approved/denied _____

Borough Official _____ Date _____
Signature Title

**BOROUGH OF INDIANA
APPLICATOIN FOR TRANSIENT RETAIL BUSINESS LICENSE
ATTACHMENT A**

Additional Persons Canvassing, Soliciting or Vending Under License

Name _____
Last First Middle Sex DOB

Home Address _____
Street City State/Zip Phone

I understand the provisions of the Transient Retail Business regulations set forth by Ordinance in Indiana Borough and agree to abide by these regulations under the penalties set forth, including revocation of the license.

Signature _____ Date _____

Approved/Denied _____

Borough Official _____ Date _____
Signature Title

Name _____
Last First Middle Sex DOB

Home Address _____
Street City State/Zip Phone

I understand the provisions of the Transient Retail Business regulations set forth by Ordinance in Indiana Borough and agree to abide by these regulations under the penalties set forth, including revocation of the license.

Signature _____ Date _____

Approved/Denied _____

Borough Official _____ Date _____
Signature Title