

**APPLICATION FOR
TRANSIENT RETAIL BUSINESS LICENSE**

BOROUGH OF EBENSBURG

Name of Applicant _____

Date Of Birth _____ Place _____

Social Security Number _____

Mailing Address _____

Telephone Number _____

Name and Address Of Employer Or Principal:

Name: _____

Address: _____

Nature Of Business _____

Type Of Goods, Wares, and Merchandise _____

Type Of Business _____ Transient _____ On Public Property _____ Photography

Proposed Days and Hours Of Operation _____

How Many Persons Used In Solicitation _____

Have You Ever Been Convicted In Any Jurisdiction Of Any Crime? _____ Yes _____ No

Details _____

Additional Information: _____

Name of Applicant

Signature of Applicant

Date

IMPORTANT – SEE REVERSE

Borough of Ebensburg
300 West High Street
Ebensburg, Pennsylvania 15931
814-472-8780
814-472-8789 (fax)
eburg@ebensburgpa.com

IMPORTANT – SEE REVERSE