



Biglerville Borough Council
33 Musselman Avenue
Biglerville, PA 17307
PH: 717-677-9488 / FAX: 717-677-4027
Email: office@biglerville.us / www.biglerville.us

Transient Retail Merchants Permit

Business Information:

Name of Company: _____
 Company Address: _____
 Company Phone Number: _____
 Supervisor's Name: _____
 Supervisor's Phone #: _____
 Goods/Services to be Provided: _____
 Location for Setup (if applicable): _____

Personal Information:

Name of Applicant: _____
 Home Address: _____
 Telephone #: _____ Email: _____
 Driver's License #: _____ State Issuing License: _____
 Driving Record (Violations within Last 3 Years): _____
 Prior Convictions (All Categories): _____
 Make/Model/Color of Vehicle Used: _____
 Vehicle License # / Expiration Date: _____

Times for Solicitation: Monday thru Saturday: 9:00 A.M. to 8:00 P.M.
 Sunday: 12:00 P.M. to 5:00 P.M.
 Closed: New Years Day, Easter, Thanksgiving & Christmas

FEE OF \$30.00 UNLESS STATED OTHERWISE UNDER THE FEE SCHEDULE.

Fee is required at time of application submittal – to be paid to Biglerville Borough.

Payment must be check or money order and received prior to official review – *thank you*

THE PERMIT EXPIRES AFTER ONE YEAR OF ORIGINAL SIGNED PERMIT.

I hereby acknowledge that the information I have provided above is true. In addition, I hereby acknowledge that I will abide by all Borough Ordinances (noise, littering, etc.) applicable to the conduct of my business.

 Applicant Signature

 Date

 Secretary/ Treasurer Signature

 Date

Approved Denied Permit #: _____ Check #: _____ Paid