



Township of Tobyhanna
105 Government Center Way
Pocono Pines, PA 18350
(570) 646-1212

Transient Retail Merchants License

Maximum duration shall be eight (8) days in a one year period whether such days run consecutively or separately.

Business Name: _____

Applicants Name: _____

Mailing Address: _____

Phone No: _____ Cell No: _____ Fax No: _____

Email Address: _____

Merchandise to be sold/exhibited: _____

Date(s) of Operation (not to exceed eight days): _____

Hours of Operation (between the hours of 8:00AM-8:00PM): _____

-
- Provide all required local, state or federal permits or licenses required as pre requisite for the merchandise to be sold/exhibited
 - Provide name of registered owners' including plate number for all vehicles including trailers
 - Attach copy of current lease or letter of consent between applicant and owner of said property on which transient retail sales will be conducted
 - Provide sketch plan of the location of sale to be included but not limited to ingress, egress, easement(s), parking, location of port a potties.
-

By signing this Application, I certify that all facts set forth within this Application and all accompanying documentation are true and correct. This Application is being made by me to induce official action on the part of Tobyhanna Township, and I understand that any false statements made herein are being made subject to the penalties of 18Pa C.S. 4904 relating to unsworn falsification to authorities.

Print Name: _____ Date: _____

Signature: _____

Date Application Rec'd: _____ Receipt No: _____ Amount \$: _____

Approved: _____ Denied: _____ Date: _____ Officer: _____

Reason Denied: _____

Conditions/Comments _____
