



BOROUGH OF MACUNGIE
21 Locust Street
Macungie, PA 18062
Phone: 610-966-2503
Fax: 610-966-2788

TRANSIENT RETAIL BUSINESS
TRANSIENT PERMIT - CODE OF ORDINANCES CHAPTER 251
(10 DAY NOTICE REQUIRED)

NAME: _____

ADDRESS: _____

DOB _____ SS # _____

CRIMINAL HISTORY: _____
(Conviction for felony, misdemeanor or crime of moral turpitude)

EMPLOYER'S NAME & ADDRESS: _____

TYPE OF GOODS OFFERED FOR SALE _____

VALID DATE(S) _____

NUMBER OF PEOPLE ENGAGED IN SOLICITATION _____
(Individual Permits are issued to each person)

VEHICLE INFORMATION _____
(License) (State) (Make/Model)

AMOUNT PAID: _____
(\$10/per day per person; \$25/per week per person)

APPLICANT'S SIGNATURE _____

APPROVED/DENIED

_____ AUTHORIZING SIGNATURE

(Photo)