

NORTHWEST LANCASTER COUNTY REGIONAL POLICE DEPARTMENT
8855 Elizabethtown Road, Elizabethtown, PA 17022
Phone: 717-367-8481

APPLICATION FOR TRANSIENT RETAIL BUSINESS LICENSE
____ **Mount Joy Twp.** ____ **West Donegal TWP** ____ **Both**

Date of Application _____

Applicant's Full Name _____

Applicant's Address _____

Phone _____ Date of Birth _____

Social Security # _____ Drivers License # _____

State _____ Expiration Date _____

Vehicle Description

Make _____ Model _____ Year _____ Color _____

Registration # _____ State Registered _____

Name of Firm or Business _____

Address _____

Phone _____

Type of Business _____

Have you ever been arrested (other than **minor** traffic tickets, i.e., speeding, etc.)? (If yes, explain charges, and list date and location)

_____ YES _____ NO

Have you ever had a Transient Retail License denied, suspended, or revoked? (If yes, explain and give the location)

_____ YES _____ NO

List types of goods, wares, or merchandise to be sold (Include location address).

Length of time you desire license FROM _____ TO _____

I VERIFY THAT THE FACTS SET FORTH IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. THIS VERIFICATION IS MADE SUBJECT TO THE PENALTIES OF SECTION 4904 OF THE CRIMES CODE (18 PA C.S. SECTION 4904) RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

Applicants Signature

NOTICE TO APPLICANT: The application fee must accompany the application

Mount Joy Township \$20 – 30-day period, \$5 each consecutive 30 days (not to exceed 6)
West Donegal Township \$5 – 30-day period, \$5 each consecutive 30 days (not to exceed 6)

OFFICE USE ONLY:

STATUS OF APPLICATION: _____APPROVED _____DENIED

DATE OF APPROVAL _____ DATE OF DENIAL _____

PERSON PROCESSING APPLICATION

LENGTH OF PERMIT: _____ MONTH(S) DATES: _____ - _____

TOTAL FEE FOR PERMIT \$ _____