

PALMYRA POLICE DEPARTMENT
Borough of Palmyra
Transient Retail Business Application for License

APPLICANT'S FULL NAME _____			
GENDER	RACE	BIRTHDAY	SOCIAL SECURITY NO.
M _____ F _____	_____	___/___/___	____-____-____
DRIVER'S LICENSE NO. _____		STATE _____	
PERMANENT ADDRESS _____			
CITY _____		STATE _____	ZIP _____
LOCAL ADDRESS _____			
CITY _____		STATE _____	ZIP _____
TELEPHONE NUMBER () _____ - _____			

HAVE YOU EVER BEEN CONVICTED OF A CRIME?	NO _____	YES _____
IF YES, EXPLAIN:		
EMPLOYER'S NAME _____		
EMPLOYER'S ADDRESS _____		
CITY _____		STATE _____ ZIP _____
TELEPHONE NUMBER () _____ - _____		EXTENSION NUMBER _____

TYPE OF GOODS / WARES / MERCHANDISE TO BE SOLD:

TYPE OF VEHICLE: YEAR _____ MAKE _____ COLOR _____
REGISTRATION NUMBER _____ STATE _____

THE ABOVE INFORMATION IS REQUIRED, AS PER CHAPTER 333 OF THE TRANSIENT RETAIL BUSINESS ORDINANCE OF THE BOROUGH OF PALMYRA.	
_____	_____
APPLICANT'S SIGNATURE	DATE

***** FOR THE PALMYRA POLICE DEPARTMENT ONLY *****	
APPROVED _____	
DISAPPROVED _____	REASON _____
_____	_____
CHIEF OF POLICE	DATE