



TRANSIENT RETAIL BUSINESS LICENSE APPLICATION

**SOLICITING/CANVASSING/TRANSIENT MERCHANTS/
FOOT/VEHICLE PEDDLERS/DOOR TO DOOR SALES, ETC.**

APPLICATION PROCESSING: 5 BUSINESS DAYS NOT INCLUDING WEEKENDS/HOLIDAYS

A CURRENT PHOTO ID IS REQUIRED WITH THIS APPLICATION

PLEASE NOTE: Each individual requires an application and Photo ID to obtain a License

NO Group/Joint Applications will be accepted

SOLICITING HOURS: between 9:00 AM and 5:00 PM - Weekdays and Saturdays.

NO SOLICITING: Sundays or Legal Holidays

APPLICANT: (PLEASE PRINT)

Last Name: _____ First Name: _____ MI: _____

Local Address: _____
(No. & Street) (City) (County) (State) (Zip)

Permanent Address: _____
(No. & Street) (City) (County) (State) (Zip)

Sex: _____ Age: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Phone: _____ Date of Birth: _____ SS#: _____ - _____ - _____

Form of Photo ID: _____ Photo ID#: _____ Exp: _____

Name of Business: _____

Business Owner: _____

Business Address: _____
(No. & Street) (City) (County) (State) (Zip)

LOCAL MANAGER:

Last Name: _____ First Name: _____ MI: _____

Local Address: _____
(No. & Street) (City) (County) (State) (Zip)

Permanent Address: _____
(No. & Street) (City) (County) (State) (Zip)

**FINANCE DEPARTMENT
1301 12TH STREET, SUITE 104
ALTOONA, PA 16601
PHONE: 814-949-2416
EMAIL: sfisher@altoonapa.gov**

DESCRIPTION AND LOCATION:

Business Description: _____

Type of Goods, Wares or Merchandise to be sold: _____

Method of Contacting Customers: _____

Vehicle Description (if applicable):

(Make) (Model) (Year) (Color) (State) (Plate #)

Name of Registered Vehicle Owner: _____

Registered Owner's Driver's License #: _____ State: _____ Exp. Date: _____

Current Auto Insurance Carrier: _____ Coverage Exp. Date: _____

DURATION OF LICENSE:

How Many Months will you be soliciting? _____ Months. From _____ To _____

CRIMINAL RECORDS:

Have you ever been convicted of a felony, misdemeanor, or non-traffic related offense? Yes _____ No _____

If yes, list arresting police agency, offenses and penalties imposed:

REFERENCES:

(Three references required. PLEASE PROVIDE DAYTIME PHONE NUMBERS. **References may not be employed by applicant or applicant's company and may not be relatives, or significant other, of applicant.** References should be able to attest to the good character of the applicant and the nature of the proposed activities.)

1. Name: _____ Phone: _____

Address: _____
(No. & Street) (City) (County) (State) (Zip)

How do you know the reference? _____

2. Name: _____ Phone: _____

Address: _____
(No. & Street) (City) (County) (State) (Zip)

How do you know the reference? _____

3. Name: _____ Phone: _____

Address: _____
(No. & Street) (City) (County) (State) (Zip)

How do you know the reference? _____

THIS SECTION FOR OFFICIAL USE ONLY

POLICE RECORDS CHECK/INVESTIGATION:

Conviction Record: Yes _____ (If yes, list offenses below) No _____

REFERENCE CHECKS:

Reference # 1:

Attempts to Contact: Date/Time _____

Comments: _____

Reference # 2:

Attempts to Contact: Date/Time _____

Comments: _____

Reference # 3:

Attempts to Contact: Date/Time _____

Comments: _____

Based on the reference checks above and other investigations, the applicant's character is good and has conducted business in a satisfactory manner. Yes _____ No _____

Based on reference checks and/or review of the criminal history records, I recommend:

Approval _____ Denial _____ of the license.

Reasons for recommending denial: _____

Chief of Police Signature

Date

FINANCE DEPARTMENT:

License # _____

Fee: _____

Term: _____

Issue Date _____

Expiration Date: _____

CITY MANAGER:

Approved _____

Denied _____

City Manager Signature

Date