

105 Government Center Way  
Pocono Pines, PA 18350  
www.tobyhannatownship.org



570-646-1212  
Fax: 570-646-9025

## TRANSIENT RETAIL MERCHANT'S LICENSE

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_ Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Tax Map No. \_\_\_\_\_ Subdivision: \_\_\_\_\_

(Attach a copy of current lease or letter of consent between applicant and owner of property on which transient merchandise will be conducted)

Merchandise to be sold/exhibited: \_\_\_\_\_

Any vehicles or trailers being used ( ) Yes ( ) No If yes, please provide registered owners' information below

Name : \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Make/Model \_\_\_\_\_ License Plate No: \_\_\_\_\_

Any Local, State or Federal permits or licenses required as a pre-requisite for the merchandise to be sold /exhibited ( ) Yes ( ) No. If yes, attach copies

Any stand, structure or stores used by applicant in sales/exhibition not owned by applicant? \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date(s) of operation: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Hours of operation must be between 8AM to 8PM—requests for extensions must be in writing and addressed to the Township of Tobyhanna Board of Supervisors. The maximum duration that any transient retail business shall operate within the Township shall be eight(8) days during the one-year term of the license, whether such days run consecutively or separately, not including a reasonable time to set up and to dismantle the sales location and related facilities before and after the days of actual operation.

Signature of Applicant: \_\_\_\_\_

### FOR TOBYHANNA USE ONLY

Date: \_\_\_\_\_ Check No: \_\_\_\_\_ Amount Pd: \_\_\_\_\_

Permit No. \_\_\_\_\_ Zoning Officer: \_\_\_\_\_