CHRISTIANA BOROUGH

TRANSIENT RETAIL MERCHANT/SOLCITOR'S LICENSE PERMIT APPLCATION

APPLICANT:

First Name	Middle Name	Last Name
Date of Birth	Cellular Telephone	Home Telephone
Home Address:		

COMPANY:

Name	
Street Address	
City, State, Zip	
Telephone	
Supervisor's Name	
Supervisor's Cell	

PRODUCTS – Provide list of products to be sold

DATES TO SOLICIT –

Starting Date	Ending Date

REQUIRED DOCUMENTS TO BE FILED WITH APPLCATION:

____ Copy of current, government issued photo identification card

____ Payment of fee - $15.00 per person per day
$50.00 per person per month

I hereby certify that the information in this application is true and correct.

Date: _____ Signature: _____

BOROUGH USE ONLY: Date of Action: _____

___ Approved from _____ (start) to _____ (end) By: _____

___Denied – Reason: _____ By: _____