

**Dreher Township Permit Application for:  
Transient Dealers (vendor Truck/Trailer/ or Booth)**

Mailing address: P.O. Box 177, Newfoundland, PA, 18445 Phone 570-676-4976 Fax 570-676-4244

**APPLICANT:**

**DATE:** \_\_\_\_\_

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

Permanent Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Contact Name: \_\_\_\_\_

Operating Business name: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**Location where business is to be conducted:** \_\_\_\_\_

**Type of business to be conducted:** \_\_\_\_\_

**Items for sale or distribution:** \_\_\_\_\_

If farm or orchard products, are they produced or grown by applicant. Yes\_\_\_\_ No\_\_\_\_

**Permit Period Requested:** From \_\_\_\_\_ To \_\_\_\_\_

**Current Registration # of Vehicles involved:** \_\_\_\_\_

**Application Fee:** \_\_\_\_\_ ( \$10.00 per day / 3 days \$25.00 / 1 week \$50.00 )  
Make check payable to Dreher Township

Application checklist:

\_\_\_\_ Completed application

\_\_\_\_ Tax ID # or Tax Exempt Certificate

\_\_\_\_ Copy of Certificate of Insurance: naming Dreher Twp as certificate holder

\_\_\_\_ Application fee

**I hereby represent that the information provided in this application is true and correct and request that a license be issued in reliance upon the truth thereof. I agree to comply with Ordinance No. 1-84 of Dreher Township and all amendments thereof and regulations issued pursuant thereto.**

**Applicants signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(For Township Use Only)

License: \_\_\_\_\_ Granted \_\_\_\_\_ Denied \_\_\_\_\_

Permit No. \_\_\_\_\_ If denied, reason: \_\_\_\_\_

Period: From \_\_\_\_\_ to \_\_\_\_\_

Permit Officer: \_\_\_\_\_