

**TRANSIENT RETAIL LICENSE APPLICATION (TEMPORARY FOOD SALES)
BOROUGH OF BEDFORD**

(PERMIT WHEN EXECUTED BY BOROUGH OFFICIAL)

DATE OF APPLICATION: _____

NAME OF APPLICANT: _____

APPLICANT'S TELEPHONE NUMBER: _____

APPLICANT'S ADDRESS: _____

NAME, ADDRESS & TELEPHONE NUMBER OF APPLICANT'S EMPLOYER OR SPONSOR (IF APPLICABLE):

TYPES OF GOODS, WARES AND MERCHANDISE TO BE SOLD:

DATE(S) OR LENGTH OF TIME FOR WHICH LICENSE TO BE ISSUED:

LOCATION OF SALES: _____

MAKE, MODEL, AND LICENSE NUMBER OF VEHICLE TO BE USED (IF APPLICABLE):

DOES APPLICANT HAVE A CRIMINAL RECORD (YES) (NO) , IF YES GIVE DETAILS:

WRITTEN CONSENT OF THE PROPERTY OWNER (IF DIFFERENT THAN THE APPLICANT):
(MUST INCLUDE NAME, ADDRESS AND CONTACT NUMBER)

APPLICANT'S SIGNATURE: _____

BELOW FOR BOROUGH USE ONLY

FEE: REQUIRED _____ \$ _____
 NOT REQUIRED _____

Transient Fees:
\$150.00 per week (per truck)
\$300.00 per month (per truck)
\$450.00 per year (per truck)

COPY OF THE STATE HEALTH CERTIFICATE UNDER THE RETAIL FOOD FACILITY SAFETY ACT 3 Pa. C.S.A. §5701-5714 (or other applicable statutes) MUST ACCOMPANY THIS APPLICATION.

DATE HEALTH CERTIFICATE RECEIVED: _____

DATE PERMIT ISSUED: _____ SIGNATURE OF BOROUGH OFFICIAL: _____

P.c. BOROUGH POLICE DEPARTMENT