

BOROUGH OF SEWICKLEY

Application for Transient Retail Business License

FEE \$50.00/ Checks can be made to: "Borough of Sewickley"

Name _____ DOB _____ Sex (M) _____ (F) _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____

Company Name _____

Address _____

Company Phone _____ Supervisor's Name _____

Year/Make/Model and Color of Vehicle

Type of Solicitation or Canvassing

Date(s) for issuance of application _____

Criminal Record Yes _____ No _____

Two Recent Photographs Showing Face and Shoulders are attached hereto.

I certify that the above information is true and correct to the best of my knowledge, information and belief. Failure to comply with Borough Ordinances or filing false information will be cause to revoke your Transient Retail Business License.

Applicant's Signature

Chief of Police Signature

Date

Date