

**MERCERSBURG BOROUGH  
TRANSIENT RETAIL BUSINESS LICENSE  
APPLICATION**

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Applicant \_\_\_\_\_

Social Security # Applicant \_\_\_\_\_

Applicant Home Address \_\_\_\_\_

\_\_\_\_\_

Applicant Phone Number ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

Name of Firm Represented \_\_\_\_\_

Names, home address, and social security number of each person who will solicit under the license

Name \_\_\_\_\_

Social Security # Applicant \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant Home Address \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Social Security # Applicant \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant Home Address \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Social Security # Applicant \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant Home Address \_\_\_\_\_

\_\_\_\_\_

Length of time (not to exceed 1 year) during which applicant intends to conduct transient retail sales in the Borough.

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to finish date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Signature \_\_\_\_\_

This section to filled out by Borough Personnel

Application \_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Reason for Denial \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Borough representative signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Fee Paid      YES                  NO

# BOROUGH OF MERCERSBURG

Founded 1750

113 South Main Street  
Mercersburg, PA 17236

Telephone  
717-328-3116

## Transient Retail License

This Transient retail license is issued to \_\_\_\_\_  
Doing Business for \_\_\_\_\_  
In the Borough of Mercersburg, Franklin County, Commonwealth of Pennsylvania for  
The time period starting on \_\_\_\_\_ to \_\_\_\_\_.  
Issued by me \_\_\_\_\_ in  
Accordance with Ordinance 10-4 enacted by the Authority of the Mercersburg Borough  
Council on the sixth day of March 1972.

\_\_\_\_\_  
Borough Official Signature

Date of issue \_\_\_\_\_

Borough Seal