

CHRISTIANA BOROUGH

Transient Retail Merchant/Solicitor's License Permit Application

APPLICANT:

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

COMPANY:

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

PRODUCTS: – Provide a list of products to be sold

DATES TO SOLICIT:

Starting Date	Ending Date

REQUIRED DOCUMENTS TO BE FILED WITH APPLICATION:

- ___ Copy of current, government issued photo identification card
- ___ Payment of fee \$25.00 per day per person
 \$100.00 per month per day

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

Date: _____ Signature: _____

BOROUGH USE ONLY:

___ Approved from _____ (start) to _____ (end) By: _____
___ Denied – Reason: _____ By: _____