

TOWNSHIP OF SPRINGFIELD

APPLICATION FOR VENDOR'S LICENSE

Springfield Township
50 Powell Road
Springfield, PA 19064

Vendor Permit No. _____

Date Issued _____

The undersigned hereby applies to the Board of Commissioners of Springfield Township for a Vendor's License for the balance of the current calendar year and under the same proposes to sell the following:

Item(s)	Supplier's Name & Address
_____	_____
_____	_____
_____	_____

Applicant's Name & Address: _____

Applicant's Telephone Number _____

Applicant's Driver's License Number _____

Make & Model of Vehicle(s) to be Used _____

Number of Vehicles to be Used _____

License Plate Number(s) _____

Number of Persons Employed _____

List of employee's names must accompany application

Location of Lot to be Used _____

Owner of Lot (Name & Address) _____

Written approval of owner for use of lot must accompany application

Amount of Security Bond (when using lot) _____

AND FURTHER, the undersigned hereby affirms that the above information is true, correct and complete.

FEE \$ _____
limit 2 per vehicle

Applicant's Signature

Two 2" x 2" photographs of license holder must accompany application

TOWNSHIP OF SPRINGFIELD

APPLICATION FOR VENDOR'S LICENSE
(TRANSIENT RETAIL MERCHANT)

Springfield Township
50 Powell Road
Springfield, PA 19064

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Date Issued _____

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Item(s)	Supplier's Name & Address
_____	_____
_____	_____
_____	_____

Applicant's Name & Address: _____

Applicant's Telephone Number _____

Location of Lot to be Used _____ **SPRINGFIELD MALL** _____

Number of Persons Employed _____

Starting Date: _____ Ending Date: _____

AND FURTHER, the undersigned hereby affirms that the above information is true, correct and complete.

FEE \$ _____ (\$10 per day)

Applicant's Signature

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AND FURTHER, the undersigned hereby affirms that the above information is true, correct and complete.

FEE \$ _____

Applicant's Signature

photograph of vendor must accompany application

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FEE \$ _____

Applicant's Signature

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