

The Borough of Highspire

640 Eshelman Street
Highspire, Pennsylvania 17034-1698

Office 717-939-3303

Fax 717-939-3371

TRANSIENT RETAIL BUSINESS LICENSE APPLICATION

Date: _____

Name: _____

Drivers License Number: _____

Address: _____

Criminal Record: _____ Yes _____ No

If yes, please explain: _____

Employer: _____

Types of Goods, Wares, and Merchandise Sold: _____

Type of Vehicle: _____

VIN Number of Vehicle: _____

Registration Number: _____

State of Issuance: _____

_____ \$10.00 for One Calendar Week _____ \$50.00 for One Calendar Year

Start Date: _____ End Date: _____

Signature of Applicant: _____

Authorized by: _____

Borough Representative