

**BOROUGH OF FAIRFIELD
TRANSIENT RETAIL BUSINESS LICENSE APPLICATION**

Description of Business: _____

Scheduled Date(s), if applicable: _____

Applicant's Name: _____ **Phone #** _____

Applicant mailing address: _____ **Alt. Phone** _____

_____ **Email address:** _____

Company Name: _____ **Phone #** _____

Address: _____ **Alt. Phone** _____

Supervisor's Name: _____ **Supervisor's Phone #** _____

License under which product will be sold: License # _____ **Expiration Date** _____

Health license, if applicable: License # _____ **Expiration Date** _____

The applicant is required to provide license numbers for any vehicles used in the sale of said product(s) (list below and use reverse if necessary) and photographs of any individuals who will be engaged in this activity.

The signed license shall be carried by any person(s) engaged in the activity.

Vehicle License #1 _____ Vehicle License #2 _____

Employee #1 _____ Employee #2 _____

Employee #3 _____ Employee #3 _____

If doing business from a fixed location, complete the following section.

Location from which business will be conducted: _____

Approval of property owner is hereby granted: _____

Date _____ **Property owner to print and sign name here**

This activity is regulated under the Code of Ordinances of the Borough of Fairfield, Section 6, Article 2, Transient Retail Business. Copies of the ordinance's restrictions and allowable activities are available at the office at 108 W. Main St. during posted business hours or online at www.keystatepub.com/search/search.cgi. ***The applicant acknowledges that failure to comply with the standards of the Fairfield Borough Code of Ordinances governing peddlers/transient retail businesses and the standards of 73 P.S. 201-1 et. seq. (PA Consumer Protection Act) will result in the immediate revocation of the license.***

Date of Application

Applicant Signature

Fee \$ _____ Received (date): _____ (by): _____

Photograph received _____ Police investigation completed by: _____

Application Approved this date by (Zoning Officer Signature)

PERMIT EXPIRATION DATE