



**BOROUGH OF QUAKERTOWN
TRANSIENT RETAIL BUSINESS
REGISTRATION**

No:

Date Submitted:

Business Information

Name of Business/Organization

Address(Street, City, State, Zip)

Phone #

Cell Phone #

Nature of Business(What products are being sold?)

Participants Information

#1: Name: _____ DOB: _____

Address: _____

#2: Name: _____ DOB: _____

Address: _____

#3: Name: _____ DOB: _____

Address: _____

#4: Name: _____ DOB: _____

Address: _____

#5: Name: _____ DOB: _____

Address: _____

#6: Name: _____ DOB: _____

Address: _____

ALL PARTICIPANTS MUST HAVE PHOTO IDENTIFICATION COPIES ATTACHED

Vehicle Descriptions

Make: _____ Model: _____ Color: _____ Reg#: _____

Make: _____ Model: _____ Color: _____ Reg#: _____

OFFICIAL USE ONLY

Approved by: _____ Date: _____

EXPIRES: _____

Registration must be carried when conducting Transient Retail Business
Please refer to reverse side of this page for Requirements & Penalties.