



TRANSIENT MERCHANT LICENSE APPLICATION
Stationary Location – No Door to Door or Telephone Sales
Logan Township, Blair County

I, _____, hereby certify that the following information is true and correct.

1. _____
Full Name of Applicant or Business Name
2. _____
Local Address of Applicant or Business
3. _____
Permanent Address of Applicant or Business
4. _____
Telephone Number
5. _____
Nature of Goods, Wares or Merchandise Offered for Sale
6. _____
Location of Where Sale is to Take Place
7. I have never been convicted of any felony and /or misdemeanor and/or sex offense, and/or crime of theft, theft by deception, or if I have, the nature of the offense(s) and the punishment(s) include: _____

8. The vehicle I will be using is (if applicable): _____

I, further agree to comply with the Ordinance regulating Transient Retail Licensure, Chapter 13, Part 3, as amended. I have read a copy of the same.

Signature of Applicant

The Transient Merchant License is valid for thirty (30) days from _____, 20____ to _____, 20____.

Issued by: _____ Date: _____

License Fee: \$25.00 for thirty (30) days.

Mail Application to: Logan Township, 100 Chief Logan Circle, Altoona, PA 16602