

Barrett Township
Application for
Transient Retail Business Permit

Name of property owner(s): _____

Address: _____

Telephone #: _____

Property Location: _____

Names, residence addresses and telephone numbers of every merchant who plans to engage in transient retail business on the property identified above (attached additional pages if necessary):

1. _____
2. _____
3. _____
4. _____

Dates and hours of operation: _____

Insurance Provider: _____

(Attach Certificate of Insurance to application)

Amount of Liability Coverage: _____

Amount of Property Damage Coverage: _____

Attach proof of local, state and federal licenses or permits that are required for goods, wares, or merchandise being sold by your transient retail business.

Attach plot plan showing layout of transient retail business and required parking and access from driveway road or street

I/WE CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE, AND THAT I/WE WILL ABIDE BY THE REQUIREMENTS OF BARRETT TOWNSHIP ORDINANCE NO. 163 CONCERNING TRANSIENT RETAIL BUSINESSES.

Date: _____

Signature

Date: _____

Signature