



**CASTLE SHANNON BOROUGH  
APPLICATION FOR VENDOR/TEMPORARY EVENT PERMIT**

Transient Vendor                       Temporary Event

Ordinance #679 License Fee for Vendors is \$20.00 per day or \$300.00 per month

Date of Application: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**Owner & Business Information:**

Business Owner: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Description of Product: \_\_\_\_\_

Description/Identification of any vehicles used or equipment: \_\_\_\_\_

Applicant's Name (if different from above): \_\_\_\_\_

Date(s) of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Estimated Length of Operation on this Location (days/weeks/months): \_\_\_\_\_

**Proposed Vending Location:**

Name of Business \_\_\_\_\_

Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone No: \_\_\_\_\_

The above information is true and correct. I hereby agree that all applicable provisions of the borough codes shall be complied with, as well as the requirements of the Municipal Sewer and Water Authority whether specified or not.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Signature for Usage Authorization

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

APPROVED                      DENIED   

**For Municipal Use Only**

BY \_\_\_\_\_ DATE \_\_\_\_\_ PERMIT FEE \_\_\_\_\_ DAILY \_\_\_\_\_ MONTHLY

Reason for Denial: \_\_\_\_\_