

BOROUGH OF COLLEGEVILLE
TRANSIENT VENDOR PERMIT APPLICATION

Vendor/Company Name: _____

Owner Name: _____ Date: _____

Mailing Address: _____

Phone: _____ Email: _____

24-Hour Contact Phone Number: _____

Address of Vending Location: _____

Property Owner Name: _____ Phone _____

Address of Property Owner: _____

Intended Use: _____

Sale Start Date: _____ Sale End Date: _____

Permit duration is 14 days from the sale start date. A permit may be renewed at expiration only one time with payment of an additional permit fee.

Signature of Property Owner: _____

Signature of Transient Vendor Owner: _____

Date Issued: _____

Permit Number: _____

Zoning Official: _____

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