



City of Meadville

Office of City Clerk

894 Diamond Park

Meadville, PA 16335

Phone: 814-724-6000

Fax: 814-333-3353

dcrowe@cityofmeadville.org

TRANSIENT RETAIL PERMIT APPLICATION

PLEASE PRINT CLEARLY

Applicant's Full Name: _____

Business Name: _____

Name of Transient Business (if different than above): _____

Business Address: _____
Street City State Zip Code

Phone Number: _____ Applicant Email Address: _____

Vehicle Description:

Make: _____ Model: _____ Year: _____

Color: _____ Plate #: _____ State of Issue: _____

Vehicle Dimensions: _____
Height Width Length

Have you ever been convicted of a felony, misdemeanor, or summary violation (other than traffic)? _____

If so, please explain the nature of offense(s) (Please note, we reserve the right to conduct a Criminal Background Check): _____

Description of Product, Foodstuffs, Beverages, or Service: _____

Please provide copies of your PA Food License and your PA Liquor License (if applicable).

Period for which said permit is requested (circle one):

DAY with ELECTRIC (\$40)

DAY without ELECTRIC (\$20)

YEAR with ELECTRIC (\$500)

YEAR without ELECTRIC (\$300)

Date Transient Retail Activity is to begin: _____

Date Transient Retail Activity is to end: _____

Requested Location of business during permit period: _____

ALL LICENSES ARE VALID MONDAY – SATURDAY 9:00 A.M. TO 7:00 P.M. ONLY

NO TRANSIENT RETAIL ACTIVITY ON SUNDAYS

By submitting this application, I acknowledge that the information provided here is accurate and true to the best of my knowledge.

Applicant Signature: _____

Date of Application: _____

For Office Use Only

Application Fee Paid: _____ License Fee Paid: _____

Approved: _____ Rejected: _____

If rejected, why: _____

Permit Issue Date: _____ Permit Expiration Date: _____

Signature: _____