

BOROUGH OF BANGOR

TRANSIENT RETAIL SALES PERMIT APPLICATION

ORDINANCE NO. 556 as amended by 785, 794

Fee: \$10.00\one day \$40.00\one month \$200.00\one year

Beginning date: / / Ending date: / /

APPLICANT: () (Person's Full Name) (Telephone Number)

Address City State Zip Code

COMPANY INFORMATION:

Full Name of Company Sales Tax ID.

Street Address City State Zip Code

Owner's Name if other than Applicant () (Telephone Number)

Street Address City State Zip Code

VEHICLES TO BE USED IN CONNECTION WITH BUSINESS:

Table with 5 columns: Make, Model, Year, State, License Number

Description of item(s) to be sold:

Location of Sales:

Owner of Location:

Owner's Approval: (Signature \ Print Name \ Date)

Sales Personnel: (List additional personnel on back)

Name Social Security Number Street Address City State Zip Code

Date of Birth Sex Height Weight Color Hair Color Eyes

Have your ever been convicted of any crime? yes no If yes, Where? When? Nature of Offence? Penalty Imposed?

Applicant's Signature: / /

Police Approval: / /

Fee Paid: cash check #

Signature Secretary \ Clerk

Additional Sales Personnel:

Name				Social Security Number		
Street Address				City	State	Zip Code
/ /		' "				
Date of Birth	Sex	Height	Weight	Color Hair	Color Eyes	

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