



41 South Columbus Avenue
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Official Web Site: www.littlestownboro.org

THE BOROUGH OF LITTLESTOWN

We're growing, one neighbor at a time.

APPLICATION FOR A TRANSIENT BUSINESS

Please complete the permit and return to the Code Enforcement Officer with a current background check and a non-refundable application fee, (PLEASE SELECT FROM BELOW)

Daily \$40.00

Monthly \$100.00

6 Months \$250.00

Yearly \$500.00

1. NAME, ADDRESS & TELEPHONE NUMBER OF APPLICANT _____

2. NAME, ADDRESS & TELEPHONE NUMBER OF PROPERTY OWNER _____

3. ADDRESS OF PROPERTY OF PROPOSED BUSINESS _____

4. NAME OF BUSINESS _____

5. TYPE OF BUSINESS _____

6. PRESENT USE OF PROPERTY _____

7. DESCRIBE, IN DETAIL, HOW YOUR CLIENTELE WILL BE INVOLVED WITH THE LOCATION OF THIS BUSINESS, AND AT WHAT REGULARITY _____

8. NUMBER OF EMPLOYEES:
Residents _____
Non-Residents _____

9. HOURS OF PROPOSED OPERATION _____

10. NUMBER OF OFF-STREET PARKING SPACES AVAILABLE (Each space must be ten feet by twenty feet in dimension) _____

11. ATTACH PLOT PLAN OF PROPERTY, INDICATING SIZE OF LOT, SIZE OF PROPERTY TO BE USED FOR THE BUSINESS, AND LOCATION OF OFF-STREET PARKING SPACES.

12. LOT DIMENSIONS _____

13. DESCRIBE ANY CHANGES TO BE MADE TO EXISTING BUILDINGS _____

14. WILL ANY SIGNS BE DISPLAYED TO IDENTIFY THE BUSINESS

YES _____

NO _____

(If Yes, attach plan of sign including location. See regulations.)

The undersigned does hereby make application as indicated and acknowledges that the information contained herein is true and correct.

SIGNATURE OF APPLICANT _____

PRINTED NAME OF APPLICANT _____

DATE _____

FOR OFFICE USE ONLY

Date Submitted/Fee Paid: _____ Amount Paid: _____ Cash _____
Check # _____

Code Enforcement:
Review Date: _____ Name/Title if not Code Officer: _____

Findings: Recommend Approval Recommend Denial
 Additional Information Required: _____

Planning Commission (if applicable):
Review Date: _____

Report Findings: Approval Denial
 Additional Information Required: _____

Permit Issue Date (if applicable): _____