

# TRANSIENT RETAIL BUSINESS

## **REQUIREMENTS**

- ✓ Fees
- ✓ Deposit
- ✓ Background Check

The attached application must be filled out as directed, signed, and returned to this office with the required background checks and full amount of the fee/deposit, before a license will be issued. Per Ordinance # O-11-1979 please see below fees/deposits.

## **FEES** - Per Ordinance # O-11-1979

- \$10.00/day (per license)
- \$25.00/week (per license)
- \$50.00/month (per license)

## **DEPOSIT**

- A refundable, \$100 deposit **per license** is required to guarantee return of the license.

## **BACKGROUND CHECK REQUIREMENT**

Each applicant must provide the City of Farrell with an **UP TO DATE** criminal background check from the agencies listed below. Printed results from **BOTH** agencies must be turned in with this application before any license is approved and/or issued. Applicants are responsible for all fees related to the required background investigations.

- PATCH—Pennsylvania Access To Criminal History  
<https://epatch.state.pa.us/>
- FBI IdHSC—Identity History Summary Check  
<https://www.fbi.gov/services/cjis/identity-history-summary-checks>

*Please note, background investigations may take 8 to 12 weeks after applications are submitted to the respective agencies.*

## **TRANSFER OF LICENSE**

- Licenses are not transferable and the authority of a license shall be conferred only on the licensee named thereon.

The City of Farrell does reserve the right to refuse any application. Transient business permits will not be issued until the application process is complete and the applicant receives a valid permit signed by the Farrell City Manager.

Per Ordinance # O-11-1979

Please make checks payable to The City of Farrell.

# TRANSIENT RETAIL BUSINESS APPLICATION

Applicants Information			
Applicant Name:		Date:	
Address:			
City:	State:	Zip Code:	
Home Phone Number:		Cell Phone Number:	
Date of Birth:		SSN:	
Vehicle Make:		Model:	Year:
Vehicle License Plate #:		State:	
Driver's License #:		State:	
Company/Organization Information (If applicable)			
Company/Organization Name:			
Address:			
City:	State:	Zip Code:	
Phone Number:		Fax Number:	

Description of material(s) or service(s) solicited for or offered: \_\_\_\_\_  
 \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		
Date Payment Received _____	Amount _____	Ck # _____



**City of Farrell**  
 500 Roemer Blvd., Farrell, PA 16121  
 Phone: 724-983-2703

## **TRANSIENT BUSINESS PERMIT**

APPLICANTS FULL NAME: \_\_\_\_\_

COMPANY/ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF GOODS/SERVICES AUTHORIZED FOR SALE: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
 CITY MANAGER

\_\_\_\_\_  
 DATE

PERMIT HOLDERS ARE REQUIRED TO EXHIBIT THEIR PERMIT AT THE REQUEST OF ANY POLICE OFFICER OR CITIZEN.