

## The Borough of Waynesboro

55 E Main Street, PO Box 310 / Waynesboro, PA 17268

Telephone: (717) 762-2101 / Fax: (717) 762-4707

www.waynesboropa.gov

Applic	eation for License - Transien	License No. :			
	Name of Business, Club or Organization:				
	Address:	City:	State:	Zip:	
	Business Phone:	Business email:			
	Description of items to be sold:				
0					
(F					
	Applicant Name:				
	Address:	City:	State:	Zip:	
	Applicant Phone:	Applicant email:			
$C^{\ell}$	Previous Criminal History: No	Yes			
APPLICANT INFO	Applicant Driver's License / ID Care	d No.	Issuing Stat	Issuing State:	
	Make / Model / Color of Vehicle:	/	/	1	
	Vehicle License Plate:		Issuing Stat	Issuing State:	
A	* Photo ID required with application				
	1 Day license (\$20.00)	Date of Event:	1 Year licens	1 Year license (\$35.00)	
	Exempt from license fee (include proof of exemption with application)				
	Payment can be submitted at: https://waynesboropa.gov/zoning-codes// Click "Pay Fee Online" button / Select "Business and I				
	(Please Note: Yearly licenses	expire with the calendar	year on December 31s	st.)	
DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)					
	The Borow	igh of Wa	ynesboro		
Name of	Rusiness Club or Organization:		<b>License No. :</b>		

Zip: Address: City: State:

**Business Phone:** Business email:

Description of items to be sold:

Applicant Name:

Address: City: Zip: State:

Applicant Phone: Applicant email:

Date of Application: Date Approved: Approved by: License Expiration:

THIS LICENSE MUST BE VISIBLY DISPLAYED AT ALL TIMES