

BOROUGH OF MACUNGIE  
Lehigh County  
21 Locust Street  
Macungie, PA 18062



Phone: 610-966-2503  
Fax: 610-966-2788

www.macungie.pa.us

TRANSIENT RETAIL BUSINESS  
TRANSIENT PERMIT - CODE OF ORDINANCES - CHAPTER 251  
(10 DAY NOTICE REQUIRED)

NAME: \_\_\_\_\_

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

DOB \_\_\_\_\_ SS # \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CRIMINAL HISTORY: \_\_\_\_\_  
(Conviction for felony, misdemeanor or crime of moral turpitude)

EMPLOYER'S NAME & ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TYPE OF GOODS OFFERED FOR SALE \_\_\_\_\_

VALID DATE(S) \_\_\_\_\_

NUMBER OF PEOPLE ENGAGED IN SOLICITATION \_\_\_\_\_  
(Individual Permits are issued to each person)

VEHICLE INFORMATION

\_\_\_\_\_  
(License) (State) (Make/Model) (Color)

AMOUNT PAID: \_\_\_\_\_  
(\$10/per day per person; \$25/per week per person)

APPLICANT'S SIGNATURE \_\_\_\_\_

APPROVED/DENIED

\_\_\_\_\_

(Attach Photo ID)

\_\_\_\_\_

AUTHORIZING SIGNATURE