

**APPLICATION FOR VENDORS LICENSE
TO DO BUSINESS IN THE BOROUGH OF MOOSIC**

NAME OF APPLICANT: _____

ADDRESS: _____
Street City State Zip

PHONE: _____ EMAIL: _____

TRADE NAME: _____

BUSINESS ADDRESS: _____
Street City State Zip

VENDOR LOCATION: _____
Street City State Zip

NO. OF DAYS: (\$25.00 DOLLARS A DAY) _____

STATE EMPLOYEE ID #: _____ FEDERAL EMPLOYEE ID #: _____

Applicant must provide proof of SAFE SERVE CERTIFICATION: (if applicable): _____

Applicant must provide proof of PA Department of Agriculture Health License:(if applicable) _____

Signature

Date

**Failure of the Applicant to provide all the required information, and necessary proof,
or providing false information to the Borough will result in the denial and/or revocation of license.**

BOROUGH USE ONLY

FEE: \$ _____ CHECK NAME: _____ CHECK #: _____

FEE PAID: \$ _____ DATE RECEIVED: _____ RECEIVED BY: _____