



BENSALEM TOWNSHIP

Building and Planning Department

Office 215-633-3644 • Fax 215-633-3753

2400 Byberry Road • Bensalem, PA 19020

TEMPORARY SEASONAL SALES APPLICATION

General Nature of Sales: ☐ Christmas Trees ☐ Flowers ☐ Fireworks
☐ Other (explain): _____

Owner of Property: _____

Home Address of Property Owner: _____

Phone No: _____

Email: _____

Tax Parcel No: _____

Fax No: _____

Name of Established Business On Site: _____

Name of Applicant: _____

Phone No: _____

Name of Established Business: _____

Fax No: _____

Address of Property Where Items Are To Be Sold : _____

Tax Parcel No.: _____

Items To Be Sold: _____

Date When Sales Will Begin: _____

Date When Sales Will End: _____

Name of Person(s) Selling _____

Any of These Persons Have Previous Criminal Records? ☐ YES ☐ NO

If Yes, Provide Details for Each: _____

Current Employer(s) & Address: _____

Make & Model of Vehicle: _____

Registration No: _____

Property Owner

Signature: _____

Date: _____

Approval Has Been Granted To: _____

For The Temporary Sales of Items on: _____

The following conditions are made part of this approval:

- The **OWNER** of the established business is the **ONLY** person approved to sell items.
- Permit is VOID two (2) days after the date of a holiday. Items, trash, material etc. must be removed immediately. Failure to do so will affect future permits being approved.
- Sales are only allowed where there will be ample off-street parking. Where there is any danger to public safety during the course of the permit, the permit shall be revoked.
- A copy of this permit will be sent to the Internal Revenue Service for appropriate taxing purposes.
- All applicable personal information specified above shall be given for each helper, as individual licenses are required for each helper/sales person.
- Criminal background checks must be approved by the PA State Police. Copy and paste this link <https://epatch.state.pa.us>.

I, _____ have read, understand, and will comply with all the above regulations and conditions of this permit.
(insert name)

Signature of Temporary Seasonal Sales License Holder

Date

Signature Director of Building & Planning

Signature Fire Marshal

Signature Director of Public Safety