



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: _____

(Required)

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 _____

A SIGNED COPY OF THIS APPLICATION MUST BE SUBMITTED PRIOR TO ISSUANCE OF PERMIT

Signature Director of Building & Planning _____ Signature Fire Marshal _____ Signature Director of Public Safety _____

Township of Bensalem _____ Department of Building and Planning _____ Rev 6/2016