



ROSS TOWNSHIP
1000 Ross Municipal Drive
Pittsburgh, PA 15237
Phone: (412) 931-7055 Fax: (412) 931-3508

APPLICATION FOR TRANSCIENT MERCHANT

APPLICANT INFORMATION

Applicant Name: _____ Email: _____
Home Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____
Local Address (if different from home): _____
Physical Description: Race: _____ Height: _____ Weight: _____ Eye Color: _____ Eye Color: _____

_____ **Date of Application**

_____ **Signature of Applicant**

COMPANY INFORMATION (If not an individual)

Company Name: _____ Email: _____
Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____
Federal Tax ID #: _____ PA Tax ID #: _____
Township Business Tax ID #: _____ Copy of articles of incorporation attached: Yes No

LOCATION OF SALES

Address: _____ Parcel #: _____ - _____ - _____
City: _____ State: _____ Zip: _____ Phone: _____
Current business on site (if applicable): _____

DATES & DESCRIPTION OF ITEMS BEING SOLD

Starting Date: _____ Ending Date: _____
Description of items being sold: _____

STATEMENT OF TRUTH (For all applications)

COMMONWEALTH OF PENNSYLVANIA COUNTY OF ALLEGHENY

Deponent, being duly sworn, says they are the:

- I or any agents / employees **have not** been convicted of, or plead guilty to, a felony or misdemeanor involving moral turpitude, and that all the statements and data furnished with this application are true and correct.
- I or any agents / employees **have** been convicted of, or plead guilty to, a felony or misdemeanor involving moral turpitude, and that all the statements and data furnished with the application are true and correct. The following is a list of the dates and places of such convictions and the offense and penalties imposed:

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

Applicant Signature

Applicant Printed Name

DO NOT WRITE BELOW THIS LINE - TOWNSHIP USE ONLY

Additional information required to be submitted with application or provided by Township:

Proof of registration of PA sales/use Tax: Yes No Proof of registration of Township Business Tax: Yes No
Proof of Federal Tax ID provided: Yes No Copy of articles of incorporation attached: Yes No
Ordinance provided to applicant: Yes No

Fee: \$300.00

Application Accepted: _____ Date: _____
Township Manager

Permit #: _____ Date Issued: _____ Invoice #: _____ Check #: _____