



YORK TOWNSHIP
190 OAK ROAD, DALLASTOWN, PA 17313

SEASONAL SALES APPLICATION

Application Fee: \$25.00 (checks payable to York Township) - Date Paid: _____

Applicant Name: _____

Applicant Address: _____

Phone Number: _____

Business Name: _____

Business Address: _____

Phone Number: _____

Property Owner Name: _____

Property Owner Address: _____

Phone Number: _____

Location of Seasonal Sales: _____

Zoning District: _____ Items Offered for Sale: _____

Starting Date: _____ Ending Date: _____

Hours of Operation: _____

Location of Parking: _____

List major items that will be placed at the property site (trailers, tents, fencing, electrical service, etc...):

Names and Addresses of all Additional Personnel Involved in Conducting Seasonal Sales:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Applicant

Printed Name

Date

**** Permission is hereby given by the property owner or the agent of the property owner for a Seasonal Sales Permit at the location specified on the previous page. ****

Signature of Property Owner or Agent of Property Owner	Printed Name	Date
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FOR OFFICE USE ONLY

Date Permit Approved _____ Date Permit Denied _____

Application Reviewed by _____

Comments: _____
