



# 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