

**CITY OF ERIE**  
**DEPARTMENT OF PUBLIC WORKS**  
**LICENSING PERMIT APPLICATION**  
**CELEBRATE ERIE 2010**

APPLICATION  
DATE:

\_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE: CITY VENDING FEES & C.A.F.E. FEES ARE TO BE PAID BY SEPARATE CHECK

TOTAL FEES DUE \$ \_\_\_\_\_

CITY VENDING FEES: (\$ \_\_\_\_\_ )  
SEPARATE CHECK REQUIRED

C.A.F.E. FEES (\$ \_\_\_\_\_ ) SECURITY DEPOSIT FEES (\$ \_\_\_\_\_ ) OTHER FEES (\$ \_\_\_\_\_ )

YOUR NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

TYPE OF MERCHANDISE: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_ MODEL & YEAR \_\_\_\_\_

VEHICLE PLATE #: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY, MISDEMEANOR OR VIOLATION OF ANY  
MUNICIPAL ORDINANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

NATURE OF CONVICTION: \_\_\_\_\_

PLEASE ATTACH ADDITIONAL PAGE IF  
MORE ROOM NEEDED

PLEASE PROVIDE THE FOLLOWING IF APPLICABLE: PA SALES TAX # \_\_\_\_\_

“PA. FOOD EMPLOYEE CERTIFICATION” EXPIRATION DATE: \_\_\_\_\_

FOR CERTIFICATION INFORMATION PLEASE CALL “THE ERIE COUNTY HEALTH DEPT.” (814) 451-6700

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
LICENSING OFFICER

\_\_\_\_\_  
CHIEF OF POLICE

\_\_\_\_\_  
DIRECTOR OF PUBLIC WORKS,  
PROPERTY & PARKS

Copy of insurance must be on file ( please see back cover)  
PLEASE SEND SIGNED APPLICATION AND FEE TO:

CITY OF ERIE  
Attn: SPECIAL EVENTS  
626 STATE STREET, ROOM 507  
ERIE, PA 16501

Contacts: Meg Miller at (814) 870-1200 or David Rocco at (814) 870-1253