

**Penns Valley Code Enforcement Agency**

225 East Main Street Phone : 814-349-8177  
P.O. Box 357 Fax : 814-349-8017  
Millheim, PA 16854 Email : [pvcodes@outlook.com](mailto:pvcodes@outlook.com)  
[PennsValleyCode.com](http://PennsValleyCode.com)

Permit # \_\_\_\_\_

Issue date- \_\_\_\_\_

Expiration- \_\_\_\_\_

**Benner Township Zoning Permit Application**

**Centre County Pennsylvania**

1224 Buffalo Run Road Bellefonte, PA 16823

(814) 355-1448 FAX: (814) 355-0719

[BennerTownship.org](http://BennerTownship.org)

*A COPY OF THIS PERMIT MUST BE RETAINED WITH THE INDIVIDUAL PEDDLER.*

*To be used Peddling in Benner Township. The permit is valid for one calendar year..*

The undersigned party makes application under the provisions of all applicable Local State and Federal Laws/Ordinances

**This Permit is only valid in Benner Township, PA**

Business Name \_\_\_\_\_ Business Address (local) \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Vehicle Information**

Vehicle #1 \_\_\_\_\_  
State Plate# Year Make Type (SUV/Truck/Car) Color

Vehicle #2 \_\_\_\_\_  
State Plate# Year Make Type (SUV/Truck/Car) Color

Vehicle #3 \_\_\_\_\_  
State Plate# Year Make Type (SUV/Truck/Car) Color

Vehicle #4 \_\_\_\_\_  
State Plate# Year Make Type (SUV/Truck/Car) Color

**Employee Information**

Employee #1 \_\_\_\_\_  
First Last License State Driver License number expiration

Employee #2 \_\_\_\_\_  
First Last License State Driver License number expiration

Employee #3 \_\_\_\_\_  
First Last License State Driver License number expiration

Employee #4 \_\_\_\_\_  
First Last License State Driver License number expiration

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Product being sold

**No flyers or brochures or pamphlets are to be left on vehicles.**

Additional Information

I declare under penalties of perjury that, the facts set forth in the proposed application for zoning permits are true;

Permit # \_\_\_\_\_

\_\_\_\_\_  
*Applicant Name* \_\_\_\_\_ *Phone#* \_\_\_\_\_

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Certified Municipal Official* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_  
*Owner or Agent Signature* \_\_\_\_\_ *Date* \_\_\_\_\_