

**CITY OF CROSSVILLE, TENNESSEE**  
**TRANSIENT VENDOR**  
**LICENSE APPLICATION**

For Department Use Only:

Date Received: \_\_\_\_\_

Account #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Classification: \_\_\_\_\_

OPENING DATE OF BUSINESS AT THIS LOCATION:

\_\_\_\_\_

EXACT BUSINESS NAME AND LOCATION:

BUSINESS MAILING ADDRESS:

Name: \_\_\_\_\_  
 (Give trade name at this location)

Name: \_\_\_\_\_  
 (enter corporate name, if applicable)

Street: \_\_\_\_\_  
 (Do not use P.O. Box)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Ownership Type:  Sole Partnership  
 Partnership  
 Corporation  
 LLC  
 Other \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_

Identify owners, officers and/or partners: \_\_\_\_\_

\_\_\_\_\_

Describe the exact business activity at this location, stating the major products and/or service sold: \_\_\_\_\_

\_\_\_\_\_

Is the business: Retail Wholesale Both Manufacturer Amusement Service (circle one)  
 If both retail and wholesale: \_\_\_\_\_%Retail  
 \_\_\_\_\_%Wholesale

**TRANSIENT VENDOR LICENSES ARE VALID FOR TWO WEEKS.**

Fee ..... \$ 50.00

Recording Fee..... 7.00

**TOTAL PAYMENT DUE, MAKE CHECK PAYABLE TO THE CITY OF CROSSVILLE ..... \$ 57.00**

THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.  
 (This application must be signed by the individual/owner, or by a partner, or by an officer of the corporation.)

BY: \_\_\_\_\_  
 Signature of owner, partner, or officer Title Date

*RETURN TO: City of Crossville, ATTN: City Clerk, 392 N. Main Street, Crossville, TN 38555*