

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:

Name: _____
(Give trade name at this location)

Street: _____
(Do not use P.O. Box)

Phone Number: _____

Sales Tax Number:

BUSINESS MAILING ADDRESS:

Name: _____
(enter corporate name, if applicable)

Address:

Ownership Type: ☐ Sole Partnership
☐ Partnership
☐ Corporation
☐ LLC
☐ Other

Identify owners, officers and/or partners: _____

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

[illegible]

TRANSIENT VENDOR LICENSES ARE VALID FOR TWO WEEKS.

Fee\$ 50.00

Recording Fee.....	7.00
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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