

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..... 5.00

TOTAL PAYMENT DUE, MAKE CHECK PAYABLE TO THE CITY OF CROSSVILLE \$ 55.00

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

MAIL TO: Sally Oglesby, City Clerk, City of Crossville, 99 Municipal Avenue, Crossville, TN 38555