



TRANSIENT MERCHANT/VENDING PERMIT APPLICATION

APPLICANT'S NAME:	TYPE OF PERMIT REQUESTED <input type="checkbox"/> Transient Merchant <input type="checkbox"/> Vending on Public Property <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> 3 day
RESIDENCE ADDRESS:	MAILING ADDRESS:
TELEPHONE (PERMANENT)	MESSAGE PHONE/CELL
DATE OF BIRTH	DRIVER'S LICENSE # STATE OF ISSUE:
DESCRIBE NATURE OF BUSINESS AND GOODS TO BE SOLD: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Auction <input type="checkbox"/> Seasonal	INDICATE DAYS AND HOURS OF OPERATION:
ADDRESS TRANSIENT BUSINESS WILL BE LOCATED:	LAST FOUR (4) PLACES TRANSIENT BUSINESS HAS BEEN LOCATED: 1. 2. 3. 4.
PROPERTY OWNER'S SIGNATURE AUTHORIZING PERMISSION: _____ Signature _____ Printed Name/Title Date	I hereby swear that the above information is true and accurate to the best of my ability. _____ Applicant's Signature Date
ANY PERSON, FIRM, OR CORPORATION VIOLATING ANY OF THE PROVISION OF THIS ORDINANCE SHALL, UPON CONVICTION THEREOF, BE PUNISHED BY A FINE NOT TO EXCEED \$500.00.	CITY APPROVAL _____ Planning _____ Police Dept _____ City Manager