

## TRANSIENT MERCHANTS APPLICATION

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: M/F

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLEASE PROVIDE CREDENTIALS ESTABLISHING YOU WITH THIS BUSINESS.  
(I.E. SALES TAX PERMIT & BUSINESS CARD)

GIVE A BRIEF DESCRIPTION OF THE NATURE OF BUSINESS AND THE  
GOODS TO BE SOLD:

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DESCRIPTION OF VEHICLE:

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

COLOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

DATES AUTHORIZED:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ TO \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
beginning ending

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR OFFICE USE ONLY

APPROVED: \_\_\_\_\_

PMT TYPE: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_

LICENSE #: \_\_\_\_\_