



# City of Mt. Juliet Transient Vendor License

License is valid for fourteen (14) days from the date of purchase

Date of Application: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Please print

Signature

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

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Contact number \_\_\_\_\_

Tax number \_\_\_\_\_

Please provide the names of anyone that will be working in the City of Mt. Juliet during this time.

_____	_____
_____	_____
_____	_____
_____	_____

List items to be sold \_\_\_\_\_

\_\_\_\_\_

**\$50 payable to the City of Mt. Juliet**

**Please keep a copy of this form as proof of licensure**

For office use only:  cash  check

Authorized signature: \_\_\_\_\_