

**CITY OF LEBANON
BUSINESS TAX DEPARTMENT
APPLICATION FOR PERMIT**

1. Complete Business Name and Location

Name _____

Street _____

City State Zip _____

2. Mailing Address if different from the Location

Street or P. O. Box _____

City State Zip _____

3. Brief Description of the Type of Business _____

4. If goods are to be sold, what type _____

4A. Date(s) you intend to conduct business or make solicitations _____

4B. Location where you will conduct business (Name of Building-Street Address) _____

5. Name and permanent address of person who will make sales or solicitations within the city. If more than one person, please attach the list to this sheet.

Name _____

Permanent Street Address _____

City State Zip _____

6. Business Telephone Number (INCLUDE AREA CODE) _____

7. Tennessee State sales tax number if applicable. If sales tax number from another State, please include the name of the State beside the number _____

7A. Name, address(Street, City, State and Zip Code), telephone number and Social Security Number of Owner _____

If more than one person, please attach the list to this sheet.

8. The make, model, complete description and license tag number and State of issue of each vehicle to be used to make sales or solicitation, whether or not such vehicle is owned individually by the person making sales or solicitations, by the business or organization itself, or rented or borrowed from another business or person.

MAKE MODEL DESCRIPTION LICENSE TAG STATE

1.

2.

If more than two vehicles are to be used, please attach a list to this sheet.

9. 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 or representative of the company, business, organization or corporation listed above)

Print Name of Representative

Signature of Representative

Title

Driver License Number

Social Security Number

Date Applied

FOR DEPARTMENT USE ONLY

Type of Permit: Peddler Transient Vendor Solicitor
 Street Barker Solicitor for Charitable or Religious purpose
 Solicitor for Subscriptions

License or Permit No. _____ Date Issued _____ Expiration Date _____