DAVIDSON	COUNTY	<b>CLERK'S</b>	<b>OFFICE</b>
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For Office Use Only:

Date \_\_\_\_\_

Receipt Number \_\_\_\_

Business Number \_

## BUSINESS TAX DIVISION APPLICATION FOR TRANSIENT VENDOR LICENSE (NEW) AND REPORT TO THE COUNTY CLERK

as required by TCA 67-4-710a2

PLEASE COMPLETE ALL AREAS OF THIS DOCUMENT BEFORE SUBMITTING					
BUSINESS LOCATION:		MAILING ADDRESS:			
(Advertised Business Name)		(Mailing Name)			
(Physical Street Address)		(Mailing Address)			
(City, State, and Zip Code)		(City, State, and Zip Code)			
(Business Phone Number)		(Home Office Phone Number)			
(Your E-mail Address)		(Fax Number)			
OWNER, OWNERS, OR CORPORATE OFFICERS					
Name	Address	City, State, and Zip	Phone		
	TYPE OF	BUSINESS			
Is your business: Check one box onlySales orService					
Check one box only Sole Proprietorship or Partr Date Event Will Begin (and End)		ership or Corporation or LLC			
Through		Dominant Froduct Sold			
Location Event Will Take Place		Name of Event			
BUSINESS DISTRICT					
My business will reside in the: Please check one of the following: County (GSD) only – Minimum tax \$50.00 (Please pay this amount) OR City (USD) and County (GSD) – Minimum tax \$100.00 (Please pay this amount)					
SIGNATURES					
(ALL OWNERS must sign and include photocopy of driver's license.)   Signature of Owners or Corporate Officer Signature of Owners or Corporate Officer					
Signature of Owners or Corporate	omeer	Signature of Owners or Corporate Offi	cer		
Signature of Owners or Corporate Officer		Signature of Owners or Corporate Officer			