

CITY OF MEMPHIS

721 Robertson
Memphis, Texas 79245
PH: 806-259-3001
Fax: 806-259-3852

ITINERANT VENDOR PERMIT APPLICATION

DATE: _____

VENDOR NAME: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

ARTICLES TO BE SOLD: _____

PAYMENT PROCEDURE: _____

DRIVERS LICENSE #: _____ (ATTACH COPY)

STATE OF ISSUE: _____

SALES TAX NUMBER: _____ (ATTACH COPY)

HEALTH PERMIT #: _____

(FOOD VENDORS ONLY – ATTACH COPY)

FEE: \$50.00 PER DAY

TOTAL FEE PAID: _____

VENDOR SIGNATURE