

**CITY OF MEMPHIS  
ITINERANT VENDOR PERMIT APPLICATION**

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

VENDOR NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

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

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ARTICLES TO BE SOLD: \_\_\_\_\_

PAYMENT PROCEDURE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

STATE OF ISSUE: \_\_\_\_\_ (ATTACH COPY)

SALES TAX NUMBER: \_\_\_\_\_ (ATTACH COPY)

HEALTH PERMIT NUMBER: \_\_\_\_\_  
(FOOD VENDORS ONLY ATTACH COPY)

FEE: \$50.00 ONE MONTH OR \$300.00 ANNUAL

TOTAL FEES TO BE PAID: \_\_\_\_\_

\_\_\_\_\_  
VENDOR SIGNATURE