TRANSIENT RETAIL BUSINESS LICENSE APPLICATION

First Name _____ Last Name _____

Location of Sale _____

BUSINESS OBTAINING LICENSE:

Permanent Street Address _____

_____

_____

Mailing Address _____

_____

_____

Telephone Number: _____

If an assumed business or trade name is used, the assumed name used is:

_____

Chief Executive Officer of business:

_____

Address:

_____

_____

Telephone Number: _____

State Sales Tax Permit Number:

_____

DESCRIPTION OF SERVICES:

Occupation in which the applicant desires to engage and for which he desires a license:

_____

_____

Provide a full and complete description of the goods, wares, and merchandise or service which applicant desires to sell:

_____

_____

LOCAL SUPERVISOR OR PERSON IN CHARGE:

Name _____

Address: _____

_____

Telephone Number: _____

AGENT, REPRESENTATIVE OR CONSIGNEE:

Name: _____

Address: _____

_____

_____

Telephone Number: _____

OWNER OF PREMISES – Must show proof of written permission.

Name: _____

Address: _____

_____

_____

Telephone Number: _____

FEE: The fee for a license issued pursuant to Ordinance 702 shall be $25.00

LICENSE: It shall be unlawful for any transient retail business to engage in any activity of which a license is required, unless the license is conspicuously displayed.

DURATION: All licenses or permits issued under Ordinance 702 shall be valid from the date shown thereon for a period of one month (30 days) unless sooner revoked as provided for in Ordinance 702.

Signature of Applicant: _____ **Date:** _____

I hereby certify that the information provide in this application is true and I authorize the City of Canyon to investigate my criminal history and to obtain copies of all law enforcement records and court records relating thereto.

OFFICE USE

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ZONED: _____

ADEQUATE OFF STREET PARKING: YES _____ NO _____

APPROVED: _____

DISAPPROVED: _____

DATE: _____