

**APPLICATION FOR TRANSIENT VENDOR PERMIT**

Telephone: (731) 425-8214

*City of Jackson*  
REVENUE OFFICE

Fax: (731) 425-8202

Full Name of Applicant \_\_\_\_\_

Permanent Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Description of Applicant:

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Hair \_\_\_\_\_

Color of Eyes \_\_\_\_\_ Complexion \_\_\_\_\_

Occupation for which applicant desire a permit \_\_\_\_\_

Full and complete Description of goods applicant desires to sell

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address where permit will be used: \_\_\_\_\_

**Draw on back** of this application the exact location where you intend to set up on the property.

Signature of applicant \_\_\_\_\_

Date applied \_\_\_\_\_ Date issued \_\_\_\_\_ Expiration date \_\_\_\_\_

Issued by \_\_\_\_\_

**This permit expires 1 year from the date of issue.**

**Permit cost: \$100 plus \$50 advance tax payment: total = \$150.00**