

**CITY OF LEBANON  
BUSINESS TAX DEPARTMENT  
APPLICATION FOR PERMIT**

1. Complete Business Name and Location

Name \_\_\_\_\_

Street \_\_\_\_\_

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

2. Mailing Address if different from the Location

Street or P. O. Box \_\_\_\_\_

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

3. Brief Description of the Type of Business \_\_\_\_\_

4. If goods are to be sold, what type \_\_\_\_\_

4A. Date(s) you intend to conduct business or make solicitations \_\_\_\_\_

4B. Location where you will conduct business (Name of Building-Street Address) \_\_\_\_\_

5. Name and permanent address of person who will make sales or solicitations within the city. If more than one person, please attach the list to this sheet.

Name \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

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

6. Business Telephone Number (INCLUDE AREA CODE) \_\_\_\_\_

7. Tennessee State sales tax number if applicable. If sales tax number from another State, please include the name of the State beside the number \_\_\_\_\_

7A. Name, address(Street, City, State and Zip Code), telephone number and Social Security Number of Owner \_\_\_\_\_

If more than one person, please attach the list to this sheet.

8. The make, model, complete description and license tag number and State of issue of each vehicle to be used to make sales or solicitation, whether or not such vehicle is owned individually by the person making sales or solicitations, by the business or organization itself, or rented or borrowed from another business or person.

MAKE      MODEL      DESCRIPTION      LICENSE TAG      STATE

- 1.
- 2.

If more than two vehicles are to be used, please attach a list to this sheet.

9. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (This application must be signed by the individual/owner, or by a partner, or by an officer or representative of the company, business, organization or corporation listed above)

\_\_\_\_\_  
Print Name of Representative

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Driver License Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date Applied

**FOR DEPARTMENT USE ONLY**

Type of Permit:  Peddler  Transient Vendor  Solicitor  
 Street Barker  Solicitor for Charitable or Religious purpose  
 Solicitor for Subscriptions

License or Permit No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_