

CITY OF MARTIN VENDOR PERMIT

CITY OF MARTIN P.O. BOX 290 MARTIN, TN 38237

Phone 731-587-3126 Fax 731-587-9115

FEE SCHEDULE: \$55.00 VENDOR PERMIT TOTAL \$55.00

Mailing Address: City of Martin; P.O. Box 290; Martin, TN 38237

REASON FOR APPLING: New Business____ Additional Location____ Purchase of Existing Business____
Opening Date: _____ Ending Date: _____

BUSINESS NAME & SET-UP LOCATION

BUSINESS MAILING ADDRESS

County in which business is located: _____ Tennessee city location: _____
Business telephone # (____) _____ Business fax # (____) _____
Contact Person/Owner: _____ Telephone # (____) _____
Contact Person/Owner email: _____

Circle:

Enter Federal Employer’s Identification # _____ Applied for/Not required

Circle:

Current Sales Tax number this business location: _____ Applied for/Not required

TYPE OF OWNERSHIP (Select & circle one): Proprietorship Husband/Wife Ownership Partnership
Limited Liability Company Corporation Other

Tennessee Secretary of Stated Identification #, if applicable _____

Describe the Business activity at this location, stating the major products and/or service sold:

Identify Officers, Partners, or Individual or Company Owners:

Name (____) Home Telephone # Social Security #

Home Address (do not use post office box #) **Circle one:** Member, Officer, Partner, Owner: Individual - Company

Name (____) Home Telephone # Social Security #

Home address (do not use post office box #) **Circle one:** Member, Officer, Partner, Owner: Individual - Company

The statements made on this application are true to the best of my knowledge and belief. (This application must be signed by the individual owner, a partner, or an officer of the corporation. The signatory must be also be listed as Member, Officer, Partner, Owner: Individual – Company)

Signature: (**Please Circle**) Member, Officer, Partner, Owner: Individual – Company Title Date