

CITY OF LEBANON
TRANSIENT OR ITINERANT MERCHANTS
ITINERANT VENDORS

Date_____

Address of Firm, City, State, Zip_____

Phone Number/Fax Number_____

Number of Employees_____

Full Name of Representative/Salesperson_____

Birth date_____

Address of Representative/Salesperson
City, State, Zip_____

Phone Number _____ MO State Tax ID Number_____

Location of Sale_____

Area Occupied_____

Length of Time at Sale Location_____

Vehicles to be used:
License Number_____ State_____

Make_____ Color_____

List all Cities, Town, and Addresses where you have done business in the past 6 months:

Give a true statement of the type and quality of goods, wares, or merchandise to be sold
or offered for sale by you in the City_____

Signature of Applicant

Approval of City Clerk

Lebanon Police Department

Approval of Planning & Zoning



EXPRESSED AUTHORIZATION OF PROPERTY USE

I, _____ hereby authorize and approve _____
Owner *Name(s)*

to locate at the following address/location _____

as an iterant vendor to sell _____
Article(s)

(Owner Signature)

(Authorized Agent Signature)
I hereby confirm that I am authorized to represent the owner and grant permission as requested herewithin