



City of Lebanon, Missouri Itinerant Vendors License

Date: _____

License Number: _____

Business Name: _____

MO Tax ID Number: _____

Representatives: _____

Location 1: _____

Location 2: _____

Location 3: _____

Items to be Sold:

Mailing Address:

This License shall be effective from: _____ and shall expire 12-31-2023

Code Administration: _____

Lebanon Police Department: _____