



**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 \_\_\_\_\_

Code Administration: \_\_\_\_\_

Lebanon Police Department: \_\_\_\_\_