

ANSWER ALL QUESTIONS COMPLETELY AND REMIT PROPER PAYMENT DUE

Incomplete Applications Will Be Returned To You



**CITY OF COLUMBIA  
TRANSIENT VENDOR PERMIT  
APPLICATION**

Valid for 14 Days

<b>Permit</b>	<b>\$50.00</b>	For Office Use Only
<b>Fee</b>	<b>\$7.00</b>	Date:
<b>Total</b>	<b>\$57.00</b>	Rec #:

<b>1. Business Name and Location</b>	<b>2. Business Mailing Address</b>
Name _____	Name _____
Street _____	Street, Hwy, PO Box _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

<b>3. Business Phone Number:</b> _____	<b>4. State Sales Tax Number:</b> _____ <input type="checkbox"/> Applied for
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<b>5. Type of Ownership:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership
Name of Corporation: _____
If Corporation, please list officers: _____

<b>6. Identify Owners and/or Partners of Business:</b>		
(1) Name _____	Home Phone Number _____	Social Security Number _____
Home Address (no PO Box) _____	City _____	State _____ Zip _____
(2) Name _____	Home Phone Number _____	Social Security Number _____
Home Address (no PO Box) _____	City _____	State _____ Zip _____

<b>7a. Business location in Columbia:</b> _____
<b>7b. Opening Date of Business:</b> _____

<b>8. Type of Business:</b> <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Both
List products you will be selling: _____

<b>9. If you will be making sales from a vehicle please complete this section:</b>		
Make: _____	Year: _____	VIN # _____
License Plate #: _____	State of Registration: _____	

10. I HAVE READ THIS APPLICATION IN ITS ENTIRETY AND THE STATEMENTS THAT I HAVE MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Print Name Title Date

\_\_\_\_\_  
Signature

"This institution is an equal opportunity provider."