

Transient Vendor Application

Advertised Business Nam	ne:				
Physical Street Address: _					
Street			City	State	Zip
Mailing Address:	 Street		 City	 State	 Zip
Business Phone:Cel			·		
Email Address:					
		OWNERS OR CORPOR			
Name:	Address:			Phone:	
ame:Address:				Phone:	
Name:	ame:Address:			Phone:	
	If additional spa	ce is needed, please at	tach a separate piece of p	aper.	
	TYPE OF	BUSINESS – Check o	nly one box for each.		
Is your business: Sales	or Service_				
Is your business: Sole Proprietorship or Partnership			or Corporation	or LLC	
		EVENT INFORM	1ATION		
Name of event:			Event date:	through	
Event Location: Dominant product sold:					
		SIGNATU	RES		
	All owners must	sign and include a pho	tocopy of their driver's lie	cense.	
Signature of Owners or C	orporate Officer:				
Signature of Owners or C	orporate Officer:				
Signature of Owners or C	Corporate Officer:				

City of Sevierville Transient Vendor license is only valid for a 14-day period.

The fee for the City of Sevierville Transient Vendor license is \$50.00, payable to the City of Sevierville by cash, check, money order or Mastercard/Visa.

Application may be submitted online, in person, or emailed to csr@seviervilletn.org.