



**CITY OF FULTON, MISSOURI
APPLICATION FOR TRANSIENT VENDOR PERMIT**

FALSE STATEMENTS MAY RESULT IN DENIAL OR REVOCATION OF PERMIT AND ARE PUNISHABLE BY LAW

**Application must be filled out completely and returned with fee and driver's license copy to:
City Clerk, City of Fulton, P. O. Box 130, Fulton, MO 65251.**

I, _____, do hereby make application for a PERMIT to conduct the business of mobile or door-to-door soliciting in the City of Fulton, Missouri for the following business:

1. Date of Application: _____
2. Business Name: _____
3. Applicant's Name: _____
4. Address: _____
5. Social Security #: _____ Date of Birth: _____
6. Phone #: _____ Additional Phone # or Email Address: _____
7. Driver's License #: _____ Vehicle License #: _____
8. Vehicle Make: _____ Model: _____ Color: _____ Year: _____
9. Does your business collect retail sales tax? _____ YES _____ NO
10. Missouri Tax Identification Number: _____
11. Provide a brief description of the product, service, and/or operation for which this permit is sought: _____

12. I state that I am the applicant and hereby declare all statements to be true and correct to the best of my knowledge. I understand this information is provided for the purpose of obtaining a Transient Vendor permit to operate within the city limits of Fulton, Missouri. I agree to abide by all city ordinances, and certify the business will be conducted in a fair, reasonable, and responsible manner without misrepresentation, fraud, willful misconduct, or false statement.

If business ceases operation or permit is suspended or revoked, the permit will be immediately returned to the City Clerk. If there are changes or transfers of ownership, changes of address, or changes in type of business conducted, I understand I am responsible for notifying the City Clerk's Office.

Applicant Signature