



APPLICATION

Transient Merchant License

Permit#: _____

Each person, firm, or corporation applying for a Transient Merchant License, meeting the requirements, before the license is issued by the City Planning Department, make, execute, and deliver to the City Controller, or his designee, a surety bond in the sum of \$1000 payable to the City of Anderson, Indiana. Approval of Transient Merchant License is subject to all applicable zoning and sign ordinances. Extending sales and/or operating beyond expiration subjects the Transient Merchant to a penalty of \$500 per day per offense.

Date: _____ Bond Submitted and Accepted: Yes No

Applicant Name: _____ Applicant Phone: _____

Transient Merchant Name*: _____ Merchant Phone: _____

** If a corporation, see instructions on back of this page.*

Merchant Address: _____

Location of Sale: _____

Products to be Sold: _____

Property Owner Name: _____ Property Owner Phone: _____

Property Address: _____

Legal Description of Property: _____

Names of Sales Staff or Agents AND Drivers License Number or Social Security Number of each (including applicant)*:

** Lines provided on back of this page.*

Zoning District: _____ Merchant Structure Size: _____

Type of Merchant Structure: Tent Trailer Vehicle Portable Building Permanent Building

Front Setback: _____ Right Setback: _____ Left Setback: _____ Rear Setback: _____

Sales Dates: ____ / ____ / ____ to ____ / ____ / ____ Mobile Sign: Yes No

License Fee: _____ Sign Fee: _____

Signature of Property Owner: _____

Signature of Notary Public: _____

Notary Seal:

Printed Name of Notary Public: _____

My Commission Expires: _____

A Resident in the County of: _____

Signature of Applicant: _____

Printed Name of Applicant: _____

Total Fees: _____

Approved By: _____

License Expires: ____ / ____ / ____

*** List Corporation Information: Date of Corporation, Name of Officers, Officer Address, and Officer Phone Number.**

Date of Corporation: _____

Name of Officer: _____ Phone: _____

Address: _____

Name of Officer: _____ Phone: _____

Address: _____

Name of Officer: _____ Phone: _____

Address: _____

Name of Officer: _____ Phone: _____

Address: _____

Name of Officer: _____ Phone: _____

Address: _____

Name of Officer: _____ Phone: _____

Address: _____

*** List Sales Staff and Agent Information, including Applicant: Name, Drivers License or Social Security Number, Address, and Phone Number.**

Name of Applicant: _____ ID#: _____

Address: _____ Phone: _____

Name of Staff or Agent: _____ ID#: _____

Address: _____ Phone: _____

Name of Staff or Agent: _____ ID#: _____

Address: _____ Phone: _____

Name of Staff or Agent: _____ ID#: _____

Address: _____ Phone: _____

Name of Staff or Agent: _____ ID#: _____

Address: _____ Phone: _____

Name of Staff or Agent: _____ ID#: _____

Address: _____ Phone: _____