

**DAVIDSON COUNTY CLERK'S OFFICE
JOHN ARRIOLA, COUNTY CLERK**

For Office Use Only:
Date _____
Receipt Number _____
Business Number _____

**BUSINESS TAX DIVISION
APPLICATION FOR TRANSIENT VENDOR LICENSE (NEW)
AND REPORT TO THE COUNTY CLERK
(as required by Sec 7 Chap 387 PA 1971)**

PLEASE COMPLETE ALL AREAS OF THIS DOCUMENT BEFORE SUBMITTING

BUSINESS LOCATION:	MAILING ADDRESS:
(Advertised Business Name)	(Mailing Name)
(Physical Street Address)	(Mailing Address)
(City, State, and Zip Code)	(City, State, and Zip Code)
(Business Phone Number)	(Home Office Phone Number)
(Your E-mail Address)	(Fax Number)

OWNER, OWNERS, OR CORPORATE OFFICERS

Name	Address	City, State, and Zip	Phone

TYPE OF BUSINESS

Is your business:

Check one box only Sales or Service or Construction

Check one box only Sole Proprietorship or Partnership or Corporation

Date Event Will Begin (and End)	Dominant Product Sold
Location Event Will Take Place	Name of Event

BUSINESS DISTRICT

My business will reside in the:

Please check one of the following:

County (GSD) only – Minimum tax \$50.00, Recording fee \$7.00.

Total payment due \$57.00 (Please pay this amount)

OR

City (USD) and County (GSD) – Minimum tax \$100.00, Recording fee \$12.00.

Total payment due \$112.00 (Please pay this amount)

SIGNATURES

(ALL OWNERS must sign and include photocopy of driver's license.)

Signature of Owners or Corporate Officer	Signature of Owners or Corporate Officer
Signature of Owners or Corporate Officer	Signature of Owners or Corporate Officer

Make remittance payable to "Davidson County Clerk" or use credit card payment form
MAIL TO: Davidson County Clerk, 523 Mainstream Drive, Suite B, P.O. Box 196333, Nashville, TN 37219-6333, (615) 862-6254, (615) 880-2690 Fax

PAYMENT INFORMATION

Checks must be made payable to the Davidson County Clerk. Current Tennessee Driver License number and a daytime phone number must be included on your check. Please do not send cash.

(THE FOLLOWING INFORMATION IS REQUIRED FOR CREDIT CARD PAYMENT)

Please circle one: VISA or MASTERCARD

Card Number:

Exp. Date (mo/yr)

Authorized Amount \$

Billing Zip code

Print Name as on Card:

SIGNATURE:

Your Phone #:

Please note: We may have to call you to get the 3-digit Security Code from the back of your card.

*Effective July 1, 2008, a convenience fee of 2.35% will be assessed by the electronic processing company for credit/debit payments received. No part of this fee goes to Metro Government.