

**APPLICATION FOR
TRANSIENT MERCHANT LICENSE**

Fee – \$50.00 per day

The undersigned hereby submits the following information to support an application for a Transient Merchant License:

Name of Business _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

Applicant Name: _____ Phone _____

Applicant Address _____ City _____ State _____ Zip _____

Date(s) of Operation: _____ Number of Days _____

Type: Food Merchandise Other _____

Food Type: (i.e. Elephant Ears, Corn Dogs) _____

Location / Address: _____

Public Property Yes No

Private Property Yes No

*If operating on Private Property, **MUST** include letter of permission from property owner.

I do hereby affirm that the above information is correct to the best of my knowledge.

Date

Applicant Signature



Payment MUST be received with application – Application will not be processed without payment.

Acceptable forms of payment are cash, check, credit card (form available at cityofholland.com), debit card, money order, cashier's check, traveler's check. Checks payable to City of Holland