



City of Holts Summit Missouri  
Temporary Vendor Permit Application

*The mission of the City of Holts Summit is to provide a safe, livable, and sustainable community for our present and future citizens*

**Applicants Information:**

Applicant's Name: \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Tax Identification No: \_\_\_\_\_

**Contact Mailing Information:**

Business Owner Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact No: \_\_\_\_\_

\*\*\*\*\***Permit Information**\*\*\*\*\*

Requested Permit Date: \_\_\_\_\_  
Description of product/service you plan to offer/sale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Permits will be distributed to vendors the day of the Special Event\*\***

Food Vendors please make sure you have all required certifications with  
State and County

**Office Use Only**

Amount Paid: \_\_\_\_\_ Payment: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
Date of Permit: \_\_\_\_\_  
Special Event: \_\_\_\_\_  
Permit #: \_\_\_\_\_

\_\_\_\_\_  
City Administrator Signature