



**City of Holts Summit Missouri**  
**Temporary Vendor Permit Application**

**Applicant Information**

**Date:** \_\_\_\_\_

<b>Applicants Name:</b>
<b>Name of Business:</b>
<b>Tax Identification Number:</b>

**Contact Mailing Information**

<b>Last Name</b>	<b>Suffix – Optional</b>	<b>First Name</b>	<b>Middle Int.</b>
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>

**Permit Information**

<p><b>Requested Permit Date:</b> _____</p> <p><b>Describe the product and/or services you plan to sell or offer at the Special Event:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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**Office Use Only**

<p><b>Amount Paid:</b> \$ _____</p> <p><b>Check:</b> _____</p> <p><b>Cash:</b> _____</p> <p><b>Credit Card:</b> _____</p> <p><b>Receipt #</b> _____</p> <p><b>Date of Permit:</b></p> <p>_____</p> <p><b>Special Event:</b></p> <p>_____</p> <p><b>Permit #</b></p> <p>_____</p>
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