

**CITY OF SIDNEY
TRANSIENT MERCHANT PERMIT APPLICATION**

Name _____ Age _____ Daytime Phone _____
(please print)

Permanent Address _____ City _____

Business Name _____

Business Address _____

Period of time the applicant has been engaged in such business _____

Cities applicant has done business in during the last 12 months _____

Description of merchandise sold _____

Description of structure, vehicle, tent, or trailer from which sale will be conducted

Sale location (street address) _____

Date(s) of operation _____ **Hours of operation** _____

I hereby certify that the above statements are true and correct, to the best of my knowledge.

Signature _____ **Date** _____

FOR CLERK'S OFFICE USE

For one day \$10.00

For one week \$20.00

For up to three (3) months \$50.00

Date _____ **Receipt #** _____

Amount received _____ **Cash / Check**