IMPORTANT – PLEASE READ
In order to obtain a Transient Vendor’s License, you must complete the following process in its stated order:

1) Complete the license below, but do not write in the ‘Receipt #’ line or below the indicated line.

2) An appointment will need to be made with the Building Department (mention that you are applying for a Transient Vendor’s License). The Building Department can be contacted at 423-547-6234.

3) This License will need to be mailed or taken to City Hall with a $55.00 payment (Cost: $50.00, Fee: $5.00) to be completed. Please call before visiting City Hall (423-542-1518).

   Jennifer Murphy
   City of Elizabethton
   136 South Sycamore St.
   Elizabethton, TN 37643-3328

4) A representative from the Finance Department will be in contact with you.

5) This license must be present on site at ALL TIMES when your business is in operation.
CITY OF ELIZABETHTON
Department of Finance
Transient Vendor’s License

TRANSIENT VENDOR’S LICENSE

County: CARTER

City: ELIZABETHTON

Receipt #: ______________________

Date: _______ / _______ / _______

______________________________________ having established the facts and otherwise complied with the requirements

Business Name

of TCA-67-4-702, Section 1, Chapter 699, of the Public Acts of Tennessee of 1986, and otherwise qualified under the
provisions of the laws of Tennessee, is hereby permitted to engage for a period of fourteen (14) days from the date of
issuance, in the business of:

_____________________________________________________________________________________________________

Type of Business

at ____________________________________________________________.

Location/Address of Business

Date Opened: ________________________________  Time(s) Opened: ________________________________

Description of Vehicle:

__________________________________________________________________________________________________

Make  Year  VIN

________________________________________  ___________________
License Plate Number  State

Owner’s Name: ___________________________________  Phone Number: ____________________________

Owner’s Address: _______________________________________________________

City: ________________________________  State: __________________________  Zip Code: _______________________

DO NOT WRITE BELOW THIS LINE  DO NOT WRITE BELOW THIS LINE

EXPIRATION DATE: _______ / _______ / _______

________________________________________
Signature of Purchaser

________________________________________
City Clerk/Finance Director

□ Building Department Approval  □ $55.00 Fee Paid

Revised June, 2008.