



**Office of the Hamilton County Clerk
TRANSIENT VENDOR'S LICENSE**

Please remit application and \$50 fee to:
Hamilton County Clerk
625 Georgia Avenue, Room 201, Chattanooga, Tennessee 37402

FIRM NAME _____

BUSINESS ACTIVITY _____

Having established the facts and otherwise complied with the requirements of TCA § 67-4-702, Section 1, Chapter 699, of the Public Acts of Tennessee of 1986, and otherwise having qualified under the provisions of the laws of Tennessee, the above named firm is hereby permitted to engage in the business activity noted above for fourteen (14) days beginning at midnight _____ / _____ / _____ and ending at midnight on _____ / _____ / _____.

If operation continues after expiration, a new license must be obtained. A distress warrant resulting in additional costs may be issued to those violating this law. ***All fields are required.**

Hamilton County Location _____

Opening Date _____ Time Opened _____

Owner's Name _____ Telephone _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Vehicle Make _____ Year _____ VIN _____

License Plate Number _____ State of Registration _____

Signature of Person Filing Application _____ Title or Position _____ Date _____

W. F. (BILL) KNOWLES, County Clerk
_____, Deputy Clerk

For Office Use Only: Receipt # _____ Date _____

BK548/032022