



**CITY OF KENTWOOD
BUSINESS LICENSE APPLICATION
TRANSIENT MERCHANT**

Business Name: _____

Business Location: _____
(Street Number and Name, City, State, Zip Code)

Mailing Address (if different) _____

Business Telephone: _____ Business FAX: _____

Owner's name(s): _____

Address (if different) _____

Contact Name: _____ Phone Number: _____

Proposed Start Date: _____ End date _____

Sales Tax License Number: _____ Pre-packaged or prepared on site? _____

Address or area proposed to sell. _____

Item(s) to sell: _____

I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Chapter 26 of the Code of Ordinances and all applicable City of Kentwood Licensing ordinances; and that I agree to operate this business in accordance with all Federal, State and local laws, ordinances, rules and regulations.

Applicant's Printed Name

Applicant's Title

Applicant's Signature

Date of Birth

Date

City Clerk's Office Approved

Disapproved

City Clerk or designee

Date