

PERMIT # _____

CITY OF TATUM

680 Crystal Farms Rd
P.O. Box 1105
Tatum, Texas 75691
903 947-2260 – Phone / 903 947-2680 – Fax

VENDOR PERMIT

***Fee amount: \$10/day or \$50/week**

DATE: _____

DATES VALID: _____

APPLICANT'S NAME: _____ TELEPHONE: _____

ADDRESS: _____

DATE OF BIRTH: _____ PHYSICAL DESCRIPTION: SEX _____ RACE _____ HEIGHT _____

WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ OR SOCIAL SECURITY NUMBER & OFFICIAL
GOVERNMENT ISSUED PICTURE IDENTIFICATION CARD: _____

VEHICLE LICENSE NUMBER: _____ STATE: _____ MAKE: _____

MODEL: _____ YEAR: _____

COMPANY OR ORGANIZATION: NAME: _____

CONTACT: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: _____

DESCRIPTION OF GOODS OR SERVICES TO BE DELIVERED: _____

Applicant's signature

Date approved/denied: _____

Amount Paid: _____

City Official