

SPECIAL EVENT TRANSIENT DEALER APPLICATION

Name: _____

Business Name: _____

Address: _____

Phone #: _____

E-mail address: _____

Event: July 4th Celebration

Event date/time: July 4, 2025

Event location: Forrest School Field, 310 N. Horton Pkwy, Chapel Hill, TN 37034

Vehicle Registration/License: _____

Criminal Record (if yes, explain): _____

Name and contact info for 3 business references:

Name of person(s) that will conduct business:

Business owner contact information (name/address/phone#):

Estimated sales: _____

Driver's License information reviewed and provided ___ Yes ___ No

DL State _____ DL # _____

Certifications attached: ___ Yes ___ No

Permit fee paid: ___ Yes ___ No

Office Use Only: _____ Approved _____ Denied

Permit approval date: _____ Permit expiration: _____

Reviewed by: _____ Date: _____