CITY OF CLAYTON

10 NORTH BEMISTON, CLAYTON, MISSOURI 63105

TEMPORARY MERCHANT'S PERMIT
ART FAIR VENDOR APPLICATION

1. Name: _____ EIN/SSN: _____
   First Middle Last
2. Address: _____
3. Date of birth: _____ Male ____ Female ____ Phone Number: _____
4. Height: _____ Weight: _____ Hair Color: _____
5. Business Name: _____
6. Business Address: _____
7. Business Phone Number: _____
8. Name, date and location of Event: _____
9. Please provide a description of your merchandise, articles to be sold or solicited (if additional space is needed, use back of this application): _____
   _____
   _____
10. Location where the goods or property to be sold are manufactured or produced: _____
11. How will goods be delivered: _____
12. Have you ever been convicted of or arrested for any crime: No _____ Yes _____

    If yes, felony _____ or misdemeanor _____

    Please explain in detail: _____
    _____
    _____
13. Vehicle information: License plate #: _____
    Year: _____
    Model: _____
    Color: _____

_____ _____
Signature Date

Rev. 3/2015