

Town of Monteagle

Business & Vendor Permit Application

Name: Business: _____ Vendor: _____

Individual: _____

Physical Business Address: _____ Zone: _____

Business P.O. Box (mailing address): _____ Email: _____

Phone Numbers: Business: _____ Home: _____

Cell: _____ Website: _____

Nature of Business: _____

Goods to be sold or services to be rendered: _____

Will you conduct the business in person or act as an agent for another; _____

if for another give name: _____

Give Names and addresses of all partners and owners (or corporate headquarters):

Type of Structure: Brick _____ Frame _____ Mobile _____ Other _____

If granted a permit, will you strictly comply with the laws of Monteagle and the State of Tennessee and so operate your business as not to interfere with public health and safety?

Applicant hereby solemnly swears that each and every statement in this above application is true and correct and agrees that, if any statement therein is false, the permit issued pursuant thereto may be revoked by the Board of Mayor and Aldermen upon notice and hearing, in which event the burden shall be on the permittee to prove the correctness of all the statements in the application.

Signature: _____

Date Received: _____