



**ITENERANT VENDOR PERMIT APPLICATION**

**CITY OF GRAMBLING**

127 King Street

Grambling, LA 71245

Telephone (318) 247-6120 Fax: (318) 247-0940

**Not Valid During Homecoming Week, Juneteenth Festival, and Designated Special Events. Additional Permit Required.**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

**BUSINESS INFORMATION**

Trade Name: \_\_\_\_\_ Legal Name: \_\_\_\_\_  
Business Location/Address: \_\_\_\_\_ Grambling, Louisiana  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Website: \_\_\_\_\_ State of Incorporation/organization: \_\_\_\_\_  
Type of Business:  Sole Proprietorship  Partnership  Corporation  LLC  Non-Profit  Other \_\_\_\_\_  
FEIN/SS# \_\_\_\_\_ LA. Sales Tax # \_\_\_\_\_ Local Sales Tax # \_\_\_\_\_  
Name & Address of Agent for Service of Process: \_\_\_\_\_  
Liability Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Policy limits \_\_\_\_\_

**BUSINESS OWNER/OFFICER INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

**PRODUCT SALES INFORMATION**

Describe the type of products and items to be sold. \_\_\_\_\_  
\_\_\_\_\_

**PROPOSED BUSINESS TYPE AND LOCATION**

- Door to Door
- Fixed Location with Property Owner Consent: \_\_\_\_\_
- Fixed Location on Public Property with Written Approval: \_\_\_\_\_
- Other: \_\_\_\_\_

**AUTHORIZED SALES REPRESENTATIVES/EMPLOYEES**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Cell#: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Cell#: \_\_\_\_\_ Address: \_\_\_\_\_

(Employees must work at same location at same time. Permit does authorize separate locations for multiple employees)

**CERTIFICATION**

Applicant swears the statements made on this application and attachments are true and correct to the best of his/her knowledge. I acknowledge that other licenses or permits may be required to legally conduct business in the City of Grambling. I understand that I must report any change in business ownership, operation, and/or address immediately.

\_\_\_\_\_  
Signature Printed Name Date

**OFFICIAL USE ONLY**

Date App. Rec'd \_\_\_\_\_ Fees Rec'd \_\_\_\_\_ Approved by: \_\_\_\_\_

**Received Copies of:**

- La. Secretary of State Certificate/Registration  Lincoln Parish and Use Tax Comm. Registration Certificate
- Liability Insurance Certificate
- Permission of Property Owner, if applicable  Written Agreement with Public entity, if applicable

**ANNUAL PERMIT FEES: \$200.00**

Itinerant Vendor Permits expire December 31st each year