

# City of Fairview

7100 CITY CENTER CIRCLE  
P.O. BOX 69  
FAIRVIEW, TN. 37062



Phone: 615-799-1585  
Fax: 615-799-5599  
Email: codes@fairview-tn.org

## APPLICATION FOR PEDDLER'S OR TRANSIENT MERCHANT'S LICENSE

DATE: \_\_\_\_\_

1. Type of License Applied for:

\_\_\_\_\_

2. Name of Applicant:

\_\_\_\_\_

3. Address Legal:

Street City State/Zip

Phone : ( ) \_\_\_\_\_

Address Local:

Street Address City State/Zip  
(Motel / private residence, etc.)

Phone: ( ) \_\_\_\_\_

Address Where Business is to Be Conducted:

Street City State/Zip

\$ \_\_\_\_\_

10. Length of time for which the right to do business is desired:

\_\_\_\_\_

11. Date(s):

Effective: \_\_\_\_\_ Expires: \_\_\_\_\_

12. Names of two reliable property owners of the City of Fairview who will certify as to the applicant's good reputation and business responsibility:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

Phone: \_( ) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

Phone: \_( ) \_\_\_\_\_

13. Name the last three locations where you conducted business

\_\_\_\_\_  
Street City State/Zip

Phone: \_( ) \_\_\_\_\_

\_\_\_\_\_  
Street City State/Zip

Phone: \_( ) \_\_\_\_\_

\_\_\_\_\_  
Street City State/Zip

Phone: (     ) \_\_\_\_\_

14. Please state any criminal convictions, Misdemeanors, Felonies, or violations of any municipal ordinances.

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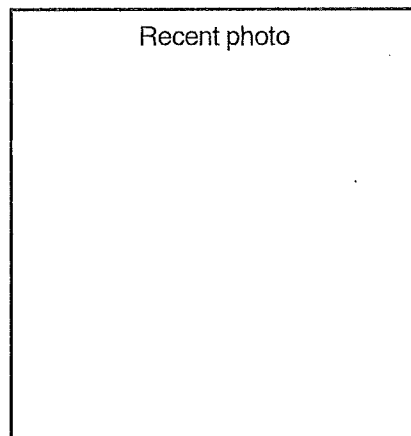
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15. I hereby certify that the products to be sold or the services to be performed do not, in any respect, infringe upon any federal or state copyright or license and that the information contained in this application is true and accurate to the best of my knowledge.

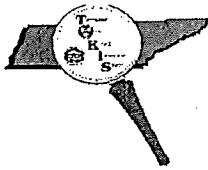
\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Witness Signature

Recent photo



**For Office Use Only**



**Tennessee Bureau of Investigation**  
**Tennessee Criminal History Information Request**  
901 R.S. Gass Blvd, Nashville, TN, 37216  
TELEPHONE: (615) 744-4057 FAX: (615) 744-4651



Before submitting this request review the Memorandum related to requesting criminal history information. Please print this form and mail it along with the required \$29.00 processing fee (Please see memo for payment methods) to: Tennessee Bureau of Investigation, 901 R. S. Gass Blvd., Nashville, Tennessee, 37216 or FAX to 615-744-4651

Date: \_\_\_\_\_ Criminal history information requested by: \_\_\_\_\_

Email Address: \_\_\_\_\_ (not required)

Fax Number: \_\_\_\_\_

**Please supply a complete return address:**

Print full name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Please select preferred method for return of Background Check Results:** Mail: ☒ FAX: ☐ Email: ☐

I am requesting a Tennessee criminal history record check on the following individual:

- Complete Name, Race, Sex and Date of Birth are all **(Required Information)**
- Social Security Number and Current Address are **(Optional)**. By providing a social security number and current address you will increase the accuracy of the name-based search.

**Name:** \_\_\_\_\_

(Last, First, Middle) (Required Information)

**Other Names Used:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **State of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Current Address (If Available): (Optional Information)**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**To Pay by Credit Card/Cashier's Check or Money Order:**

Please be sure to include the three (3) digit authorization code located on the back of your credit card.

**Card Type:** VISA ☒ Master Card ☐ Discover ☐ Cashier's Check ☐ Money Order ☐

**Complete Name (as it appears on the card):** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Current Address of card holder:**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Total Amount to be Billed: \$** \_\_\_\_\_ **Authorized Signature:** \_\_\_\_\_

# **CUSTOMER CHECKLIST FOR PEDDLER-SOLICITOR-ITINERANT MERCHANT APPLICATION**

1. Read Municipal Code and Zoning Ordinance
2. Complete Application and Have Notarized
3. Get Two Recent Clear Photographs Two Inches Square of Head and Shoulders
4. Copy of Drivers License or Other Official Photo ID
5. Copy of Business License (if applicable)
6. Surety Bond
7. Letter From Property Owner (if applicable)
8. Tent Permit from Fire Department (if applicable)-Contact Fire Dept. at (615) 791-3270
9. Sign Permit (if applicable)-Contact Codes at (615) 794-7012
10. County Health Department Permit (if applicable)-Contact Health Dept. at (615) 794-1542
11. Completed Zoning Certification Letter
12. \$50.00 Fee (Cash, Money Order or Local Check)