



Application for Use Permit

City of Springfield, TN
Phone: (615) 382 2200

Permit #: _____
Date: _____

Name of Applicant: _____	Phone: _____
Permanent Home Address: _____	Physical Description: _____
Local Address: _____	Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address where sales will be made: _____	Business Credentials: <input type="checkbox"/>
Nature of Business: _____	Name of Employer: _____

Length of Permit*: <small>*Not to exceed 14 days</small>	From: _____ Time*: _____	To: _____ Time*: _____	*Cannot operate before 8:00 A.M. or after 8:00 P.M.
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Last 3 cities or towns where applicant carried business and address where business was conducted:

1. _____	2. _____	3. _____
Address: _____	Address: _____	Address: _____

Applicant must attach or provide the following with submitted application:

2 Forms of Identification*: Government Issued Additional: _____
*1 must be Govt. Issued & must include visible photo of applicant

Names of 2 reputable property owners: Name: _____ Phone: _____
 Name: _____ Phone: _____

In lieu of property owners additional information to prove good moral reputation: _____

Have you been convicted of any crime or misdemeanor? Yes No
 Have you been convicted of violating any municipal ordinance? Yes No

***Attach signed letter to application**

Approval from property owner: Name: _____ Phone: _____

***Attach signed authorization from property owner to application**

Must submit background check from Tennessee Bureau of Investigation no older than 30 days

Non-refundable fee of \$25.00

Must file \$1,000.00 bond with City Clerk or Community Development Department

OFFICE USE ONLY

Date Accepted:		Check items have been received prior to issuance:			
		Application Complete	<input type="checkbox"/>	Approval from Owner	<input type="checkbox"/>
Date Issued:		2 Forms of Identity	<input type="checkbox"/>	Background Check	<input type="checkbox"/>
		Reputable Owners	<input type="checkbox"/>	Fee Paid: \$25.00	<input type="checkbox"/>
Issued By:		Letter of Morality	<input type="checkbox"/>	Date: _____	