

**TRANSIENT MERCHANTS PERMIT APPLICATION**  
**CITY OF GAFFNEY**  
(864) 487-8500

**Applicant Information**

- 1) Name \_\_\_\_\_
- 2) Business Name \_\_\_\_\_
- 3) Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**On-Site Manager of Business**

- 1) Name \_\_\_\_\_
- 2) Local Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Home Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 4) Employee Title \_\_\_\_\_
- 5) Have you ever been convicted of a crime, misdemeanor or the violation of any municipal ordinance?  YES  NO

If yes, please explain the nature of such offense and the punishment assessed therefore.

\_\_\_\_\_

\_\_\_\_\_

**Local Business Information**

- 1) Location in City where you anticipate conducting business \_\_\_\_\_
- \_\_\_\_\_
- 2) Start Date \_\_\_\_\_ End Date \_\_\_\_\_

- 3) Statement of the nature, character and quality of the goods, wares or merchandise to be sold or offered for sale

---

---

**A letter of permission from the owner of location shall be submitted with this application giving permission for this business to be located on said property. This letter must also contain permission for the use of rest room facilities if available. If no rest room facilities are available, temporary facilities shall be provided and shall be handicapped accessible.**

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

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY			
DATE APPLICATION SUBMITTED:	_____	REC'D BY:	_____
DATE APPLICATION COMPLETED:	_____	REVIEWED BY:	_____
FEE SUBMITTED:	<b>\$500.00</b>	DATE PAID:	_____ CK# _____
PERMIT VALID FROM:	_____	EXPIRES:	_____