COMPANY APPLICATION FOR SOLICITATION PERMIT				
CHECK ONE:				
SUPPLEMENTAL APPLICATION				
RENEWAL APPLICATION				
NAME OF COMPANY:				
CONTACT NAME:	_ STATE: ZIP CODE:			
CONTACT PHONE NUMBER: ()	FEDERAL TAX ID NUMBER:			
MERCHANDISE TO BE OFFERED. (PLEASE INCLUDE A BROCHU	JRE IF APPLICABLE)			
PLEASE SUBMIT THE FOLLOWING DOCUMENTS AND PAYME	NT WITH THIS APPLICATION:			
\$50 APPLICATION FEE PAYABLE BY CASH, CASHIER'S METROPOLITAN GOVERNMENT	CHECK, OR COMPANY CHECK; MAKE CHECKS PAYABLE TO			
□ LIST OF EMPLOYEES AUTHORIZED TO SOLICIT ON BE	HALF OF THE COMPANY			
LIST OF MERCHANDISE BEING SOLD AND RELATED P orders)	RICE LIST (Copy of contract/brochure used in obtaining			
COPY OF VALID BUSINESS TAX LICENSE ISSUED BY D	AVIDSON COUNTY CLERK			
	MPLOYEE OF SUCH CORPORATION, THE CLERK'S OFFICE ONE NUMBER OF A COMPANY AGENT RESIDING IN TN			
I hereby declare and certify under penalties of law that the in agree to furnish any other or additional information as the M				
Signature of company representative	Date			
Drint many and title of a surgery station				
Print name and title of company representative	Internal Use Only			
	Permit No			
	Date Issued			
	Date Expires			
	Receipt No			

LIST OF PEOPLE ALLOWED TO SOLICIT ON BEHALF OF THE COMPANY

FULL NAME	HOME ADDRESS	CITY	STATE	PHONE NO.	DOB

SIGNATURE OF COMPANY REPRESENTATIVE

DATE

LIST OF MERCHANDISE BEING SOLD AND PRICE LIST OF SAID MERCHANDISE

INCLUDE COPY OF CONTRACT/BROCHURE USED IN OBTAINING ORDERS OR MAKING SALES (IF APPLICABLE)

Image: Sector	MERCHANDISE	PRICE
Image: Sector		
Image:		
Image:		