



TRANSIENT MERCHANT LICENSE PERMIT

TYPE OF PERMIT: Stationary: ___ Mobile: ___ Door 2 Door: ___ (required)

Company/Individual Name: _____ (required)

Location of Sales: _____ (required)

Property Owner/Manager Consent: ___ Yes (Stationary Vendors)

Tax ID Number: _____

Address: _____ City _____ State _____ Zip Code _____ (required)

Phone Number: _____ (required)

Email: _____

Select Permit Type:

Type	Duration	Fee (\$)	Total Permits
A. [] Days ()	Per Day	10.00	
B. []	Three (3) Days	25.00	
C. []	180 Days	175.00	
D. []	Yearly	365.00	

Permit Number: _____ Valid: _____ Price: _____

To Be Filled Out by Clerks Office

Applicant Signature: _____ Clerk: _____

SEAL

By completing and submitting this form, you affirm that you are the authorized representative of the business listed, and that the information provided is true and accurate. Submission of this form constitutes acknowledgment of your responsibility and liability for the lawful operation of your business within the City of Altus. This includes compliance with all applicable city ordinances, regulations, and licensing requirements.

Oklahoma Chapter 10, Article VII, Section 10-276 CITY ORDINANCE 2025-11

MAILING ADDRESS ATTN CITY CLERK: 509 SOUTH MAIN • ALTUS, OKLAHOMA 73521