



COMMERCIAL NMV OUTFITTER OPERATING PERMIT

Instructions/Information

ALL of the following documents must accompany this application in order for your application to be accepted:

1. Photocopy of Business License
2. Photocopy of Department of Revenue Certificate of Registration
3. Proof of Liability Insurance

Please mail required documentation to:

TWRA Sales Office
P.O. Box 41729
Nashville, TN 37221

Or E-mail:

TWRA.Commpaddingcraft@tn.gov

All Fields Required.

Applications will be returned if any required field is incomplete.

Business Name: _____

Name of Owner: _____

Physical Address: _____

Mailing Address: _____ Same as physical address:

Email: _____ Phone Number: _____

Designated Representative: _____

Months of operation: (check all that apply)

Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec.

Number of vessels available for lease or rent: _____

TN Secretary of State Control Number (if applicable): _____

Waterways of the state on which the applicant operates (if known): _____

Any public access areas utilized by applicant: _____
