



415 N. College Ave
Justin, Texas 76247
(940) 648-2541

City of Justin

Vendor/Itinerant Permit Application

Permit #: _____

Expiration Date: _____

☐

Vendor

☐

Itinerant
Business

Name of Business

Business Phone #

Business Address

Business Email

Name of Applicant/Business Owner

Applicant/Business Owner Address, City, State, Zip

Driver's License #

DOB

DBA

Tax ID #

Please list Name, Address, Phone #, DL#, & DOB of others that will be operating under this permit:

Vehicles that will be used with this permit:

Make	Model	Year	Plate #

Type of item(s)/service(s) being sold or solicited: _____

By signing below, the applicant agrees to provide a copy of their Drivers License, undergo a background check if applying for a Vendor Permit, and once approved pay the appropriate fee.

Signature of Applicant

Print

Date

Permit Official

Fee: \$ _____

☐

Approved

☐

Denied

Signature of Police Officer

Signature of Permit Official

FOR OFFICE USE ONLY

Received By

Date Received

Date Issued

Date Paid

☐

Cash

☐

CC

☐

Check #(s):