Itinerant/Peddler Vendor Annual Permit Application

Applicant Name: _____

Business Name: _____Email Address: _____

Physical Address: _____ City: _____ State: ___ Zip Code: _____

Mailing Address: _____ City: _____ State: ___ Zip Code: _____

Contact: _____ Phone Number: _____

Goods/services to be sold from: _____ Stationary location **OR** _____ Door-to door
Description of Vehicle/License Plate Number: _____
Goods/Services to be Sold: _____
Name, Address & Phone # of manufacturing location and/or shipping location (if applicable):
_____
Address where Vehicle/Unit to be Located: _____
Name of Property Owner: _____
Property Owner Address: _____Contact Number: _____

Please attach the following items with this application:

☐Federal Tax ID/EIN
☐Driver's License/Photo ID
☐Photo of Vehicle
☐Proof of Insurance
☐Social Security # (if no valid EIN#)
☐Copy of State of Texas Sales Tax and Use Permit
☐Site Plan (showing where unit/vehicle to be parked; must be at least 10' from ROW; parking not obstructed/parking ratios met; driveways/fire lanes not obstructed)
☐Written Permission from Property/Business Owner (See page 2 of this application)

I certify the above-described vehicle is properly insured, as well as licensed and registered by the State of Texas. I understand the Itinerant/Peddler Vendor permit issued is valid for one year from the application date. Each year the applicant must re-submit a new application to continue doing business in the Village. I understand any permit issued is valid for a single location only. Additional locations require subsequent review, approval, and permit (no additional fee). I certify I have not been convicted of a felony offense in the last five (5) years. I certify that all the information contained herein is true and correct upon penalty of perjury. I understand that any false statement made by me on this application could cause revocation of the permit. I understand that I am required to abide by all rules and regulations of the Village of Salado's Ordinance 2025-23. Further, I authorize the Village of Salado to investigate and verify the facts claimed by me in this application.

Privacy Notice Regarding Social Security Number

1. Purpose / Authority: The Village of Salado may request your Social Security number (SSN) for the limited purpose of verifying your identity and processing your permit application. Disclosure of your SSN is voluntary unless otherwise required by state or federal law. (Federal Privacy Act of 1974 (5 U.S.C. § 552a), Texas Government Code § 559.003

2. Use of SSN: Your SSN will only be used internally for identification and permit processing. It will not be published, used for commercial purposes, or disclosed to the public.

3. Access and Disclosure: Access to your SSN is limited to Village employees or authorized agents whose duties require the use of that information. Your SSN will be treated as confidential and will not be distributed broadly or used for unrelated purposes.

4. Security and Retention: We will maintain reasonable physical, electronic, and procedural safeguards to protect your SSN from unauthorized access or disclosure. Once the SSN is no longer needed for permit processing or legal retention requirements, it will be securely destroyed or redacted.

5. Consequences of Refusal / Right to Redact: If you refuse to provide your SSN (when legally voluntary), your permit application may be denied or delayed. Under Texas law (e.g. Tex. Gov't Code § 552.147), you may request that your SSN be redacted (so that only the last four digits are displayed) in certain public records. Note: Some records are exempt from redaction obligation by law.

6. Review and Correction Rights: You have the right, under Texas Government Code §§ 552.021 & 552.023, to request to review and obtain copies of information the Village holds about you (subject to redactions allowed by law). You may request correction of inaccurate information held by the Village.

Signature (or check box for consent): _____

☐ I acknowledge that I have read and understood this Privacy Notice, and I consent to the use of my SSN for the stated purposes, if provided. Initial: _____

_____ _____ _____

Applicant Signature Printed Name Date

FOR OFFICE USE ONLY

Received By: _____ Amount Received: _____

☐Check ☐Cash ☐Money Order ☐Credit Card

Date Received: _____

☐Approved ☐Denied

Comments: _____

_____ _____

Administrator/Representative Signature Date of Approval

301 N. Stagecoach Road ~ P.O. Box 219 ~ Salado, TX 76571
(254) 947-5060 (Office) ~ (254) 947-5061 (Fax)

BUSINESS/PROPERTY OWNER PERMISSION FORM

DATE: _____

I acknowledge that I am the owner of _____.
Name of Business

located at _____.
Address of Business

I give permission for _____
Name of Vendor

to sell _____ on my property for the
Products offered

following duration:

Date(s): _____

Time(s): _____

I understand that _____ has secured the
Name of Vendor

appropriate Itinerant/Vendor Permit from the Village of Salado.

_____ _____
Printed Name of Business Owner Signature of Business Owner