

City of Justin  
415 N. College Ave.  
Justin, Texas 76247  
(940) 648-2541  
Fax (940) 648-0091



Permit # \_\_\_\_\_

Expiration \_\_\_\_\_

### Vendor Permit Application

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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) being sold or solicited: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By signing below each applicant agrees to provide a copy of their Drivers License and undergo a background check, and once approved pay the \$25 fee for applicant and \$10 fee per additional person operating under this permit.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print

\*\*\*\*\*For Office Use Only\*\*\*\*\*

\_\_\_\_\_  
City Official Signature

\_\_\_\_\_  
Print

Total payment \$ \_\_\_\_\_