

ITINERANT MERCHANT/PEDDLER LICENSE APPLICATION

| BUSINESS TYPE (check only one) | | |
|--|--|--|
| <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated <input type="checkbox"/> S - Corp <input type="checkbox"/> S - Corp | All corporate, LLC, and fictitious names must be registered with the VA State Corporation Commission prior to applying for the Salem business license and documentation attached. http://www.scc.virginia.gov/clk/formfee.aspx | |

| Applicant Information | | | | Date Submitted: |
|---|--------|--------|-----------------------------------|-----------------|
| Sole Prop., Partners, or Corp. Owner Name (s): | | | | |
| Fictitious/Trade Name: | | | | |
| Corporate Name: | | | Reg. Agent: | |
| Owner(s) SSN: | | FEIN: | | Contact person: |
| Mailing Address: | | | | |
| City: | State: | Zip: | Locality Bus. Based In: | |
| Individuals Authorized to Access Account: | | | | |
| Email: | | | Website: | |
| Local Phone #: | | Fax #: | | Corp Phone #: |
| Detailed Description of Items offered for Sale (example: T-shirts, Rugs, Used Goods, Etc.): | | | | |
| Vehicle Description: | | | Vehicle Plate # & State of Issue: | |
| Event Date/Expected Dates of Set Up: | | | Salem Location Address/Event: | |

| OTHER | | |
|--|--|---|
| <p>All Mobile Vendors must have permission from the property owner and be set up in properly zoned districts which include downtown business, transitional business, community business, and highway business. No vendors are allowed to set up on City owned property including sidewalks, parks, and streets.</p> | <p>LICENSE FEES</p> <p>ITINERANT MERCHANT:</p> <p>Used Goods, Food Items, and item not enumerated in Salem Code 22-66 (B2) \$50</p> <p>New Goods, Furniture, Rugs, Etc. as stated in Salem Code 22-66 (B2) \$500</p> <p>PEDDLER: \$200</p> <p>WHOLESALE PEDDLER SELLING TO DEALERS: \$50</p> | <p>All retail sales require a sales and use tax account with the Commonwealth of Virginia. Sales made within the City of Salem must be reported to the VA Department of Tax as attributable to Salem.</p> <p>Sales Tax # _____</p> <p style="text-align: center;">www.tax.virginia.gov</p> |

I, the undersigned applicant, declare that the information submitted on this application is true, full, and correct to the best of my knowledge and belief.

| | |
|---------------------------|-------|
| Signature | Date |
| Printed Name of Applicant | Title |

| Office Use Only | Date Received | Zoning Approval Date | Date Processed | Invoice Sent |
|-----------------|---------------|----------------------|----------------|--------------|
| Processed By: | | | | |