

CITY OF MARSING
PEDDLER, VENDOR, TRANSIENT MERCHANT APPLICATION

First Name: _____ Middle Initial _____ Last: _____

Date of Birth _____ Social Security Number: _____

Local Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

List last two addresses: _____

Home phone number: _____ Cell: _____

Name of Company: _____

Address of Company: _____

Business Phone Number: _____

Period for which applicant is applying for: Starting date _____ Ending date _____

Present selling location (if applicable) _____ Method of Delivery _____

Description of vehicle, if used: year _____, make _____, model _____, color _____

Nature of business and goods or services to be sold or solicited: _____

Has a permit or license been revoked during the past five years? _____

If yes, where and when? _____

I HAVE READ ALL THE ABOVE AND DECLARE UNDER PENALTY OF PERJURY THAT EACH AND EVERY STATEMENT MADE IS TRUE, CORRECT AND COMPLETE.

Signature of Applicant

NOTE If a food product or food item, attach a certificate from the Southwest District Health Department, 920 Main Street, Caldwell, ID 83605 (208) 455-5300, www.southwestdistricthealth.org

ATTACHMENTS

- | | | |
|--|-----------|----------|
| *Copy of current driver's license | Yes _____ | No _____ |
| *A certificate from SWDH (if required) | Yes _____ | No _____ |
| *Letter from property owner where located granting Permission. | Yes _____ | No _____ |
| *Proof of State of Idaho resale number (if applicable) | Yes _____ | No _____ |
| *Proof of vehicle insurance (if applicable) | Yes _____ | No _____ |
| *Certification/Letter that all employees are of legal age to operate the business relative to State & Federal labor laws | Yes _____ | No _____ |
| *Bond requirement | Yes _____ | No _____ |

FOR OFFICE ONLY

Fees:
Peddlers Fee: \$200.00/Yr Paid _____
Peddlers Fee: \$50.00/Qtr Paid _____