



Peddler \$200.00/Year
\$ 25.00/Quarter

**CITY OF MARSING
PEDDLER, VENDOR, TRANSIENT MERCHANT APPLICATION**

First Name: Josie Middle Initial R Last: Grim

Date of Birth _____ Social Security Number: IO Seller's # 005172053 SS# 518-43-5153

Local Address 511 Morning Dove City Marsing State ID Zip 83639

Home Address Same City _____ State _____ Zip _____

List last two addresses: 9191 Poison Creek Rd. Marsing, ID 83639

Home phone number: 208-880-1175 Cell: Same

Name of Company: Holy Oly OS

Address of Company: 511 Morning Dove Marsing, ID 83639

Business Phone Number: 208-880-1175

Period for which applicant is applying for: Starting date 9/16/19 Ending date 11/16/19

Present selling location (if applicable) BBC Design Co. Method of Delivery Walk up ordering

Description of vehicle, if used: year Vintage, make Horse, model Trailer, color Brown

Nature of business and goods or services to be sold or solicited: Mini Donuts, Coffee

Has a permit or license been revoked during the past five years? No

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.

Josie Grim
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) N/A 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 _____