VENDOR/SOLICITOR/MOBILE FOOD UNIT
BUSINESS LICENSE APPLICATION

Fax 208-472-2996
Mail to: 6015 N. Glenwood
Garden City, ID 83714

VENDOR.....$100.00	BACKGROUND CHECK IN –STATE.....$25.00
SOLICITOR.....$100.00	BACKGROUND CHECK OUT-OF-STATE.....$50.00
MOBILE FOOD UNIT.....$100.00	
ALL FEES ARE NON-REFUNDABLE	TOTAL FEES DUE.....$_____

******EXPIRES ANNUALLY ON DECEMBER 31ST******

BUSINESS NAME _____ BUSINESS PHONE _____

BUSINESS ADDRESS _____

MAILING ADDRESS (if different from above) _____

TYPE OF BUSINESS: INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐

DESCRIPTION OF GOODS/SERVICES:

_____

APPLICANT NAME _____ PHONE NUMBER _____

ADDRESS _____

DRIVER'S LICENSE NUMBER _____ DATE OF BIRTH _____

EMAIL _____

IF BUSINESS IS A PARTNERSHIP OR CORPORATION, PLEASE GIVE THE FOLLOWING INFORMATION ABOUT EACH PARTNER OR PRINCIPAL:

NAME _____ OFFICIAL CAPACITY _____

ADDRESS _____

ADDITIONAL ITEMS TO INCLUDE WITH APPLICATION:

- 2X2 PHOTO (Solicitor Only)
- CERTIFICATE OF INSURANCE
- ENLARGED COPY OF DRIVER'S LICENSE
- COPY OF CENTRAL DISTRICT HEALTH PERMIT (for food and drink licenses only)

_____ _____
SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE

APPROVAL_____ DENIAL_____ CHIEF OF POLICE_____ DATE _____

CITY CLERK_____ DATE _____

Rev. 11/18