



**THE APPLICATION SHALL NOT BE CONSIDERED COMPLETE UNTIL STAFF HAS RECEIVED ALL THE REQUIRED INFORMATION.**

**MUST BE RECEIVED AT LEAST 7 DAYS PRIOR TO START DATE OF THE EVENT**

APPLICANT NAME:		
APPLICANT CHECKLIST	APPLICATION REQUIREMENTS	CITY STAFF CHECKLIST
	<b>Completed</b> Mobile Sales Unit License Application (page 2)	
	Color copy of valid driver's license or government-issued ID card	
	Proof of insurance: Liability and Motor Vehicle	
	Proof of Central District Health approval/permit	
	<b>Application fee:</b> <input type="checkbox"/> \$100.00 one-year permit <b>OR</b> <input type="checkbox"/> \$50.00 six-month permit	

STAFF USE ONLY	
<b>Date complete application received:</b>	
<b>CITY CLERK</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Denied	
Signature	
Date	
Copy to: <input type="checkbox"/> Applicant <input type="checkbox"/> Springbrook	



**APPLICANT INFORMATION**

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Applicant Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Idaho Seller's Permit Number: \_\_\_\_\_

**DESCRIPTION OF OPERATIONS**

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Product(s) to be sold: \_\_\_\_\_

\_\_\_\_\_

Form(s) of transport to be used in operation, traveling, and/or sales: \_\_\_\_\_

Complete for all motor vehicles (*attach additional pages if necessary*):

State & License plate #	Make	Model	Color

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_