



MOBILE SALES UNIT
 VENDOR LICENSE
 customerservice@gardencityidaho.org

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

Applicant Name:		
Applicant	APPLICATION REQUIREMENTS	City Staff
	Completed Mobile Sales Unit License Application	
	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	
	Application Fee – \$0.00 one-time use	

STAFF USE ONLY	
Date complete application received:	
CITY CLERK	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Conditional Approval	
<input type="checkbox"/> Denial	
Signature:	
Date:	

Copy to:
<input type="checkbox"/> Applicant
<input type="checkbox"/> Springbrook



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APPLICANT INFORMATION

Applicant Business Name: _____

Owner's Name: _____

Applicant Address: _____

Phone Number: _____ Email: _____

Driver's License Number: _____ State: _____

Tax Identification Number: _____ Idaho Seller's Permit Number: _____

DESCRIPTION OF OPERATIONS

Dates, hours, and locations of operation: _____

Product(s) to be sold: _____

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

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

License plate state and number	Make	Model	Color

Applicant Signature: _____	Date: _____
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