



**APPLICATION FOR VENDOR/SOLICITOR/TEMPORARY MERCHANT LICENSE**

**Application Fee: \$100 (1-Year), \$50 (6-Months), \$0 (One-Time Use)**

**Background Check Fee: \$25 (In-State), \$50 (Out-of-State), \$0 (One-Time Use)**

Garden City Code §§ 1-11, 3-1, 3-4

Fax No.: (208) 472-2996 E-mail Address: customerservice@gardencityidaho.org

**SECTION I – APPLICANT INFORMATION**

NAME OF INDIVIDUAL, PARTNERSHIP, CORPORATION, ASSOCIATION, GROUP, OR UNIT SEEKING LICENSE (HEREINAFTER "APPLICANT"):		
APPLICANT IS SEEKING TO OPERATE AS AN AGENT FOR ITS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF APPLICANT'S EMPLOYER:	
ADDRESS OF APPLICANT'S EMPLOYER:		
NAME(S) OF INDIVIDUAL(S) ACTING AS AGENT(S) OF APPLICANT:	RELATIONSHIP(S) BETWEEN INDIVIDUAL(S) AND APPLICANT:	
ADDRESS OF APPLICANT'S HEADQUARTERS:		
ADDRESS OF APPLICANT'S LOCAL OFFICE:		
PERMIT(S) OR LICENSE(S) ISSUED TO APPLICANT HAVE BEEN REVOKED IN THE PRECEDING 5 YEARS: <input type="checkbox"/> Yes <input type="checkbox"/> No	APPLICANT, ITS AGENT(S), PARTNER(S), OFFICER(S), AND/OR DIRECTOR(S) ASSOCIATED WITH APPLICANT HAVE EVER: <input type="checkbox"/> Forfeited Bail <input type="checkbox"/> Been Arrested <input type="checkbox"/> Been Convicted of a Misdemeanor or Felony <input type="checkbox"/> Been Fined <input type="checkbox"/> Been Incarcerated in Jail and/or Prison <input type="checkbox"/> Been Placed on Probation	
IF PERMIT(S) OR LICENSE(S) ISSUED TO APPLICANT HAVE BEEN REVOKED IN THE PRECEDING 5 YEARS, PROVIDE THE LOCATION AND DATE OF THE REVOCATION:		
IF APPLICANT, ITS AGENT(S), PARTNER(S), OFFICER(S), AND/OR DIRECTOR(S) ASSOCIATED WITH APPLICANT HAVE EVER FORFEITED BAIL, BEEN ARRESTED, CONVICTED OF A MISDEMEANOR OR FELONY, FINED, INCARCERATED, AND/OR PLACED ON PROBATION, PROVIDE THE NAME OF THE INDIVIDUAL(S), THE NATURE OF THE OFFENSE AND PUNISHMENT, AND THE LOCATION AND DATE OF THE OFFENSE:		
NAME OF CONTACT PERSON:	RELATIONSHIP TO APPLICANT:	CONTACT PERSON PHONE NO.:
ALTERNATE PHONE NO.:	FAX NO.:	E-MAIL ADDRESS:

**SECTION II – BUSINESS INFORMATION**

CATEGORY OF APPLICATION, AS DEFINED BY GARDEN CITY CODE: <input type="checkbox"/> Vendor <input type="checkbox"/> Solicitor <input type="checkbox"/> Temporary Merchant	PROPOSED DATE(S) OF OPERATION (NOTE: SEE SECTION III FOR APPLICABLE FEES):
APPLICANT'S TAX ID NO.:	APPLICANT'S IDAHO STATE SELLER'S PERMIT NO.:



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DESCRIPTION OF APPLICANT’S BUSINESS AND GOODS AND/OR SERVICES SOLD:		
DESCRIPTION OF PROPOSED METHOD OF OPERATION:		
PHYSICAL ADDRESS(ES) WHERE BUSINESS IS TO OPERATE; GOODS/SERVICES ARE TO BE SOLD; ORDERS ARE TO BE TAKEN; GOODS ARE TO BE PRODUCED, MANUFACTURED, AND STORED; CURRENT LOCATION OF GOODS; AND/OR LOCATION OF DELIVERY:		ONE OR MORE OF THE PHYSICAL ADDRESS(ES) WHERE BUSINESS IS TO OPERATE IS PRIVATE PROPERTY OWNED BY THIRD-PARTY(IES): <input type="checkbox"/> Yes <input type="checkbox"/> No
MOTOR VEHICLE(S) WILL BE USED IN OPERATION: <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, PROVIDE THE FOLLOWING: <input type="checkbox"/> Make: <input type="checkbox"/> Model: <input type="checkbox"/> Year: <input type="checkbox"/> License Plate: <input type="checkbox"/> VIN: <input type="checkbox"/> Insurance Policy No.:
APPLICANT TO SELL PREPARED FOOD OR PRODUCTS FOR HUMAN CONSUMPTION: <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PROVIDE THE CENTRAL DISTRICT HEALTH DEPARTMENT LICENSE NO.:	IF YES, PROVIDE THE LIABILITY INSURANCE POLICY NO.:

**SECTION III – ATTACHMENTS; APPLICANT ACKNOWLEDGMENT AND SIGNATURE**

COPIES OF ALL LICENSES/PERMITS, FEES, AND OTHER APPLICABLE ATTACHMENTS MUST BE SUBMITTED WITH THIS APPLICATION.

2 Passport-Style Color Photographs of Applicant and Agents (2”x2”) (Solicitor Only)

Enlarged Copy(ies) of Driver’s License(s) of Applicant and Agent(s)

Copy of Idaho State Seller’s Permit (Sales Tax Permit)

Copy of Permission from Property Owner(s) for Applicant to Operate on the Premises, if applicable

Copy of Proof of Vehicle Insurance, if applicable

Copy of Central District Health Department License, if applicable

Copy of Proof of Liability Insurance, if applicable

Application Fee, if applicable

\$100 – Unlimited Use Within 1 Calendar Year

\$50 – Unlimited Use Within 6 Consecutive Months in a Calendar Year

\$0 – One-Time Use Within 1 Calendar Year

Background Check Fee, if applicable

\$25 – In-State

\$50 – Out-of-State

\$0 – One-Time Use of License Within 1 Calendar Year

By signing and submitting this public record, I authorize the City to complete a background check on the Applicant. I understand that the City and its authorized agents may grant conditional approval with respect to this Application to ensure public safety. I understand that copies of this Application will be sent to and retained by the City, the Chief of Police, and their authorized agents.

I understand that this Application and all applicable fees and attachments must be submitted in completed form at least 30 days before the proposed business operation is to commence and failure to do so will



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result in this Application being denied. I acknowledge that the information contained herein is true and accurate. I understand that failing to fully and accurately complete this Application, omitting information, falsifying information, and/or providing misleading information will result in this Application being denied. I acknowledge that should this Application be denied, I am not entitled to a refund of any fees paid pursuant to this Application. I further acknowledge that should this Application be denied, I have the right to appeal to the City Council by providing a written request in a timely manner.

I hereby agree to indemnify the City of Garden City from the expenses of and against any and all suits, actions, claims, and losses of every kind, nature, and description, including costs, expenses and attorney fees that may be incurred by reason of any act, omission, neglect, or misconduct by myself, the sponsors of, and/or the participants in the uses, activities, and events described in this Application, except where such loss is attributable to the tortious conduct of the City of Garden City or its authorized agents.

I certify that damage to the properties, locations, and routes at or upon which the uses, activities, and events described in this Application is not foreseeable, and I agree that if damage occurs, I shall incur any and all costs of restoring such properties, locations, and routes to their previous condition.

I understand that failure to comply with Idaho Code, Garden City Code, and the terms and conditions of an approved Application is punishable by law and will result in the City revoking and refusing to renew any licenses and permits approved pursuant to this Application.

APPLICANT PRINTED NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**SECTION IV – ADMINISTRATIVE REVIEW (FOR INTERNAL USE ONLY)**

DATE OF RECEIPT OF <i>COMPLETE</i> APPLICATION:	
<b>CHIEF OF POLICE</b>	<b>CITY CLERK</b>
RECOMMENDATION: <input type="checkbox"/> Approval <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Denial	ACTION TAKEN: <input type="checkbox"/> Approval <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Denial
SIGNATURE:	SIGNATURE:
DATE:	DATE:
REASON(S) FOR DENIAL OR CONDITION(S) ON APPROVAL AND APPLICABLE CODE PROVISION(S):	
LICENSE EFFECTIVE DATE(S) & HOURS OF OPERATION:	
FINAL COPIES SENT TO: <input type="checkbox"/> Applicant-Licensee <input type="checkbox"/> Springbrook File	