



CITY OF STANLEY

Temporary Vendor's License Application

General Information

1. Applicant Name: _____
2. Title: _____
3. Driver's License #: _____
4. Email Address: _____
5. Business Name: _____
6. Other business names/associated companies: _____
7. EIN: _____
8. Phone Number: _____
9. Mailing Address of Business: _____
10. If applicant is not the owner of business list name of employer: _____
 - a. Credentials of applicant: _____
11. Describe the nature of the business, goods to be sold, and if products are farm or orchard produce whether they are produced or grown by applicant: _____

Method of Operation

12. Length of Time Doing Business in Stanley: _____
13. Location of Operation: _____
14. Location of merchandise or goods: _____
15. Method of Delivery: _____
16. Vehicle Make & Model: _____
18. Vehicle Plate #: _____
17. Trailer Make & Model: _____
19. Trailer Plate #: _____

Permission for Sanitary Services

Please attach a written statement of permission from any private property owner verifying their consent to do business on their private property and verifying that you are given permission to use the sanitary services on that property.

20. Property Owner Name: _____
21. Property Owner Address: _____
22. Property Owner Phone number: _____
23. Statement attached: _____

Health Certification

When the applicant proposes to sell any prepared food product for human consumption, all regulations of the State of Idaho must be met and a certification by the District 7 Health Department shall be required prior to issuance of a license.

24. District 7 Health Department Certification: _____
25. Statement attached: _____



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Applicant Statements and Signature

26. Have you had a permit or license revoked during the past five (5) years? _____
a. If so, when, where, and for what reason: _____
27. Have you been convicted of a misdemeanor or felony of any federal, state, or municipal law within the preceding three (3) years? _____
a. If so, give the date: _____
b. Nature of offense: _____
c. Penalty Assessed: _____

Signature of owner(s) or Authorized Agent

Date

A permit fee of \$25 is required.

For Official Use Only

Approved _____

Denied _____

Date issued: _____

Fire Dept. _____

Paid: _____

Permit Number: _____

Clerk's Signature: _____

City of Stanley
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