CITY OF STANLEY

Temporary Vendor's License Application

General Information

1. Applicant Name: _____ 2. Title: _____
3. Email: _____ 4. Phone Number: _____
5. Business Name: _____
6. EIN or Sales Tax # (if you have it, do not list SS#) : _____
7. Driver's License # and State: _____
8. Mailing Address of Business: _____
9. If applicant is not the owner of business list name of owner: _____
10. 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

11. Event Name: _____
12. Date, Time, & Location Vending in Stanley: _____

If a vehicle and/or trailer are used in vending please answer below:

13. Vehicle Make & Model: _____ 15. Vehicle Plate #: _____
14. Trailer Make & Model: _____ 16. 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.

17. Property Owner Name: _____
18. Property Owner Address: _____
19. Property Owner Phone number: _____ 20. 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.

21. District 7 Health Department Certification #: _____ 22. License attached: ☐

Applicant Signature

_____ _____

Signature of owner(s) or Authorized Agent Date

A permit fee of $25 is required.

City of Stanley
P.O. Box 53 Stanley, ID 83278
208.774.2286
www.cityofstanleyid.gov
cityclerk@cityofstanleyid.gov

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For Official Use Only

Approved _____ **Paid:** _____ **Permit Number:** _____

Denied _____ **Date issued:** _____

Clerk's Signature: _____

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