



**CITY OF STANLEY**

# Temporary Vendor's License Application

## General Information

1. Applicant Name: \_\_\_\_\_ 2. Title: \_\_\_\_\_
3. Driver's License# or SSN: \_\_\_\_\_
4. Business Name: \_\_\_\_\_
5. Other business names/associated companies: \_\_\_\_\_
6. EIN: \_\_\_\_\_ 7. Phone Number: \_\_\_\_\_
8. Mailing Address of Business: \_\_\_\_\_
9. If applicant is not the owner of business list name of employer: \_\_\_\_\_
  - a. Credentials of applicant: \_\_\_\_\_
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. Length of Time Doing Business in Stanley: \_\_\_\_\_
12. Location of Operation: \_\_\_\_\_
13. Location of merchandise or goods: \_\_\_\_\_
14. Method of Delivery: \_\_\_\_\_
15. Vehicle Make & Model: \_\_\_\_\_ 17. Vehicle Plate #: \_\_\_\_\_
16. Trailer Make & Model: \_\_\_\_\_ 18. 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.*

19. Property Owner Name: \_\_\_\_\_
20. Property Owner Address: \_\_\_\_\_
21. Property Owner Phone number: \_\_\_\_\_ 22. 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.*

23. District 7 Health Department Certification: \_\_\_\_\_
24. Statement attached: \_\_\_\_\_



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**Applicant Statements and Signature**

- 25. Have you had a permit or license revoked during the past five (5) years? \_\_\_\_\_  
 a. If so, when, where, and for what reason: \_\_\_\_\_
- 26. 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.

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**For Official Use Only**

**Approved** \_\_\_\_\_

**Denied** \_\_\_\_\_

**Date issued:** \_\_\_\_\_

**Fire Dept.** \_\_\_\_\_

**Paid:** \_\_\_\_\_

**Permit Number:** \_\_\_\_\_

**Clerk's Signature:** \_\_\_\_\_