

## 511 Main St. | PO Box 130 | Idaho City, ID 83631 | Phone (208) 392-4584 www.idahocity.municipalimpact.com

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## **VENDOR PERMIT APPLICATION**

VENDOR FEES ARE: \$16.50 PER DAY / \$7.50 (NON-PROFIT PER DAY) OR \$55.00 PER YEAR / \$25.00 PER YEAR (NON-PROFIT) (NON-REFUNDABLE) PLEASE ATTACH THE PROPER AMOUNT AND RETURN TO CITY HALL.

| Application Date:                                                                                                                                                      |                                 |                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------|
| Owner Name:                                                                                                                                                            |                                 |                                   |
| Owner Address:                                                                                                                                                         |                                 |                                   |
| Owner Phone:                                                                                                                                                           | Owner Email:                    |                                   |
| Business Name:                                                                                                                                                         |                                 |                                   |
| Business Address:                                                                                                                                                      |                                 |                                   |
| Business Phone:                                                                                                                                                        | Business Email (if applicable): |                                   |
| Description of Goods or Services Sold:                                                                                                                                 |                                 |                                   |
|                                                                                                                                                                        |                                 |                                   |
| PHYSICAL ADDRESS AND OWNER OF THE YOUR PRODUCT: PLEASE NOTE THAT NO VER PERMISSION OF THE CITY. YOU MUST ARRANGE                                                       | NDOR CAN LOCATE ON CITY         | PROPERTY OR RIGHT OF WAYS WITHOUT |
| Required for each Vending Location:  Letter from Property Owner – Required if setting Prepared Food – Copy of Central District Head  DATE(S) AND HOURS YOU WANT TO CON | Ith Certification or Exemption  | n required.                       |
| APPLICANT SIGNATURE                                                                                                                                                    | DATE                            | Amount: \$<br>CK #<br>RCPT #      |