



# City of Payette

## Itinerant Merchant/Peddler's License Application

### Non-Refundable Fees:

Application..... \$50.00 per 90 days

Background Check..... \$30.00 (Split)

\*City Hall.....\$10.00

\*Idaho State Police.....\$20.00

Surety Bond payable to the City of Payette.....\$1,000

Payette City Code section 5.16

### Police Department Use Only

Background check completed on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Completed by \_\_\_\_\_,

Payette Police Department

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN (last four) \_\_\_\_\_

Local Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List last two addresses \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell/Other \_\_\_\_\_

Name of Company \_\_\_\_\_

Address of Company \_\_\_\_\_

Business Phone Number \_\_\_\_\_

### MODE OF SALE

\_\_\_\_\_ Door-to-door Conduct

\_\_\_\_\_ Mobile Unit along public right-of-way

Period of which applicant is applying for: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Description of vehicle, if used: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Nature of business and goods or services to be sold or solicited \_\_\_\_\_

Has a Permit or license been revoked during the past five years? **Y / N**

If yes, where, when, and why? \_\_\_\_\_

List the occasions, if any, within the past five years that you have been arrested for any crime, misdemeanor, or violated any municipal laws.

Date of Arrest	Place of Arrest	Charge	Disposition

\_\_\_\_\_ (Initial) I HAVE READ ALL THE ABOVE AND DECLARE UNDER PENALTY OF PERJURY THAT EACH AND EVERY STATEMENT MADE IS TRUE, CORRECT AND COMPLETE.

\_\_\_\_\_ (Initial) I AUTHORIZE THE CITY OF PAYETTE AND THE PAYETTE POLICE DEPARTMENT TO CONDUCT A BACKGROUND CHECK.

\_\_\_\_\_ (Initial) I UNDERSTAND THAT IF A FOOD PRODUCT ITEM WILL BE SOLD, THE APPLICANT MUST ATTACH A CERTIFICATE FROM THE SOUTHWEST DISTRICT HEALTH DEPARTMENT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPROVAL SIGNATURES**

REVIEWER	SIGNATURE	DATE	ATTACHMENTS			
<i>Police Department</i>			YES		NO	
<i>City Clerk</i>			YES		NO	

**ATTACHMENTS**

A Copy of current driver's license and social security card	YES			NO	
A certificate from Southwest District Health (this is only required, if selling food items)	YES			NO	
A Certification/Letter stating all employees are of legal age to operate the business relative to <b>State</b> and <b>Federal</b> labor laws.	YES			NO	
Proof of State of Idaho resale number. (if applicable)	YES			NO	
Proof of vehicle insurance. (if applicable)	YES			NO	